

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

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### A TEMPORARY CHANGE IN THE EDITORIAL OFFICE

Most unexpectedly, the Editor-in-Chief was bidden by the JOURNAL Directors to attend the International Congress of Nurses to convene in London July 20.

The associate editor was taking a much-needed vacation, so the business manager was hurriedly transferred from the Philadelphia office, to the editorial headquarters to assume the JOURNAL and family responsibilities during the absence of the Chief. This was made possible by the close and cordial affiliation of the two departments which has been so great a factor in the JOURNAL's success. As there was much of the detail of the editorial office about which she could not be instructed, for such omissions or errors as may occur the business manager craves the indulgence of our ever-considerate readers.

### ASSOCIATED ALUMNÆ LESSONS

HAVING had the privilege and great good fortune to attend the late convention of nurses in Minneapolis, unattached, so to speak, with nothing particular to attend to, nothing to distract, just to listen and note the trend of things as the business was transacted or the papers read and discussed, it soon became very apparent that several points in nursing education stood prominently out, or were the dominant notes that pervaded the atmosphere of the assembly and were constantly being struck by the advanced minds, the leaders, and the teaching body.

### SPECIAL TRAINING AND THE TIME TO BE DEVOTED TO IT

The necessity for special training in the care of obstetric cases, throat and nose, eye and ear, nervous and insane, tuberculosis, children's diseases, visiting, school, social service, etc., each had its vigorous advocate and defender, as the speaker happened to be conversant with, or engaged in,

the branch of the work under discussion, and when the time to be devoted to the specialty was discussed there seemed to be some danger that the hitherto fancied groundless criticism and vague impression that the sum of the present-day general training only fitted the nurse for hospital routine work, or perhaps the care of a fever or a fracture, might be found to be resting on a solid basis of fact.

Naturally the questions arise, What is the *matter* with the "general training"? Is theory getting too much consideration and breadth being developed at the expense of depth? Are the fundamentals not receiving due attention and the underlying principles of their application no longer adequately imparted, as a foundation on which to build the superstructure of specialization in any branch? Are the completeness of hospital equipment and the precision of training-school management reducing routine to such a fine art that it is including the nurse as a part of the mechanism? certainly increasing her ability to accomplish more and a better quality of skilled work, but limiting her mental capacity along lines which make for initiative in applicability, resourcefulness, and adaptability under every condition. Is it because the rapid advance in medical knowledge calls for greater specialization in that profession, making the dependence for more assistance from the nurse a demand for specialization in hers?

There are several influences at work to which we may well pay some heed in this connection. The schools of philanthropy which must have pupils who find the lure of new fields of usefulness for the trained nurse most effective, the special institutions that must get their work done, and private hospitals are specious advocates of long-term specialization.

When out of pioneer conditions a group of women were developed that met every demand made upon them by the public and the medical profession, we must repeat, why is it necessary to specialize in every separate branch of nursing work if the fundamentals are properly instilled and practically applied?

#### TRAINING-SCHOOL DISCIPLINE

Discipline in hospitals and training schools left a deep impression on our minds because of the points of view of the graduates who never held responsible positions in institutions and the teaching body. The growing idea that the college method of self-government is applicable to hospital and training-school administration seems attractive to the graduate. Without doubt there are errors in judgment and solitary instances of abuse of power in strict discipline, but the graduate body must not lose



sight of the fact that the teaching body has struggled for more than thirty-five years to improve conditions, and has found from experience that the same license cannot be given to an undeveloped, undisciplined body, which is being trained to deal with such important issues as life and death, as to a body simply acquiring knowledge in the abstract.

The two groups must continue to stand together for improvement in conditions not hitherto under the control of the teaching body, for a more just and equitable treatment of the student body.

#### THE EXECUTIVE COMMITTEE OF THE ASSOCIATED ALUMNÆ

THE official proceedings of the Associated Alumnae meeting at Minneapolis will, it is hoped, be given space in the September JOURNAL. There was not sufficient time for the Publication Committee to arrange the papers and reports for the August number, as a fuller report than last year is to be given.

In anticipation of the secretary's announcement, we are giving the personnel of the Executive Committee as appointed, as is customary by the Directors, the morning following the adjournment. This is comprised of Miss Delano, president, New York; Miss Deans, secretary, Michigan; Miss Davids, treasurer, West Virginia; Miss Cooke, California; Mrs. Tice, Illinois; Miss McIsaac, Michigan; and Mrs. Hunter Robb, Ohio,—geographically the most representative committee we have ever had. It is now expected that the fall meeting of the committee will be held either in Cleveland or Detroit.

#### THE RETIREMENT OF MISS LINDA RICHARDS.

THE retirement from active nursing work of the first woman to enter a training school for nurses in the United States is an event of more than passing interest. Miss Richards's resignation from the superintendency of the school for nurses in connection with the hospital for the insane at Kalamazoo, Mich., was announced in our pages last month. Unconsciously to herself, perhaps, in those early days Miss Richards, more than any other one woman, gave the impetus to what is now known as higher education for nurses. Her first fight was for better living conditions, better food, and systematic instruction for the pupils under her care. She had traditions of centuries to overcome and the personal opposition of physicians and influential men and women to combat. She has left her imprint upon more hospitals and training schools than any other woman of her profession, as a result of which progress has been always upward—a great record of work for the betterment of society to carry with her to the end of her life.

We wish Miss Richards many years of peace and happiness in the home which she will make with her sister in Providence, Rhode Island.

#### A FALL CONFERENCE

A CONFERENCE on the prevention of infant mortality will be held under the auspices of the American Academy of Medicine, in New Haven, Conn., November 11 and 12.

The census reports for the registration cities show that the deaths under two years constitute nearly one-fourth of the total mortality of all ages. Stronger evidence could not be required of the need for the intelligent co-operation of physicians and laymen.

#### ANOTHER OPENING FOR NURSES

FOUR or five "female medical teachers" are needed for service in southern Alaska. They would be under the employ of the Alaska Division of the National Bureau of Education, and their duties would be to give instruction in matters pertaining to health, both in the school room and the homes. Salaries would range from \$60 to \$80 per month with quarters in the school building. For further particulars, address at once Dr. Samuel M. Zwemer, 125 East 27th Street, New York City.

## THE COUNTY ASSOCIATION AND ITS RELATION TO THE STATE \*

By KATHARINE DEWITT, R.N.

IN these days of organization life, it is almost an impossibility for a man or woman to carry on any trade, business, or profession successfully alone. It seems to be a natural instinct of human beings which draws those of like views together to brush up each others' wits, to shake each other out of lethargy, to stimulate each other to new ambitions, and, possibly, to accomplish some definite good for the community. This last is not so easily brought about as those first named, yet a nurses' association ought to stand in a helpful relation to the public. It should be a pioneer in many hygienic or social reforms, the strong supporter of measures for the public good mapped out by the medical societies.

How far short of this ideal do we come? Many people are surprised at knowing there are nursing associations. "What! a convention of trained nurses? How funny! What do you talk about?"

Our pre-occupation with our own affairs up to this time is natural and partly excusable. Our first years of organization life were spent in knowing ourselves. Then came years of strenuous effort for registration. After this is accomplished and is working well there has come, to almost every society with which I am familiar, a lull, a resting on the oars. Those who were leaders in the legislative battles feel that they have earned a rest. Their successors are not yet ready to step into their shoes. Often there is criticism back and forth,—and in some communities, alas, a decided falling out,—and all because that old adage still holds true of Satan and idle hands. It is difficult to keep up enthusiasm and interest when there is no special work on hand.

Individually, we are *not* idle. Each of us is probably almost overburdened with the daily tasks which fall to her in her small corner of the nursing field. It is in our association life that we grow deadily dull and inert, so that many a nurse withdraws in disgust from the society with which she should be identified, feeling that it is of no benefit to her. It is quite sadly true that if our meetings are not interesting, they will not be attended. Where lies the remedy?

Must we manufacture new interests to keep ourselves busy or are there questions of importance still remaining unsettled to which we should give our earnest attention?

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\* Read at the New Hampshire State Nurses' Association. June, 1909.

Let me mention a few, all closely related, and all of such pressing need that we cannot postpone our consideration of them: central directories, visiting nursing, the care of people of moderate means, tuberculosis work, almshouse nursing, the Red Cross.

All of us who have had anything to do with modern social or philanthropic work know that as a result of experience there is a wide-spread effort toward centralization of work. In cities where several different societies are dealing with problems of the care of the poor or matters that concern the public health, the results are not nearly so good as in those which have brought their forces together into one society, dividing, systematizing, harmonizing the work.

If we, as nursing bodies, are to attack such tremendous problems as those I have named, we ought to go about it in the best way, not wasting years of more or less fruitless effort in learning how, but profiting by the experience of others. In any community no really efficient work can be done unless all the nursing forces are concentrated and are pulling together, working in harmony, not each of several organizations attacking the problem feebly by itself.

The medical societies, which have years more of experience behind them than we, have found the county society the most convenient and effective working unit, and it seems reasonable that it should be so.

Suppose the case of a large city. Here the county society would be practically a city association, but if it bears the county name it would include all nurses within the county limits and its usefulness would be so much the wider. On the other hand, suppose a part of a state rather sparsely populated, with one large county seat. Here the county association, though bearing the name of the county having the county seat, should embrace in its limits several counties, including all convenient outlying regions with headquarters at the county seat.

All the problems I have enumerated are local quite as much as state affairs. That is, they should be undertaken in every community where there are enough nurses to band together and work; they are too scattered for the state association as a whole to handle, though the state may well act as the inspirer and director of all.

Can such work be done by individuals? Yes, to some extent, but not effectively or thoroughly. Can it be done by the alumnae associations? Yes, but if you happen to have in some one city several alumnae associations and the same problem, what a pity not to unite to solve it! But if the cities alone undertake the work, what will there be for the scattered nurses in the small towns?

You will see, I hope, what the special place of the county association



is. I do not wish to urge upon you the formation of such associations, for no outsider can judge the situation for you, but if I can give you a clear picture of their mission you can better judge whether they are suited to your needs.

Their service to the nurses of a community is this, that they gather together the graduates of various schools and give them wider interests than they would have in attending only to the affairs of their own school. Also, it makes a place for any nurses from distant schools who may be in the community, putting them in touch with the others. Their service to the community is that it receives organized systematic nursing service instead of haphazard efforts.

I do not think *alumnæ* associations should be abolished. There is a fellowship and home feeling which it is good to preserve, and there are certain home interests to be maintained, such as a sick benefit fund, or an endowed room. A yearly banquet at which all the old graduates of a school gather to meet the new ones, and a Christmas frolic, with occasional meetings for necessary business, would in most cases serve the purpose of the *alumnæ* association, leaving the members free to throw their energy and enthusiasm into the county association without conflicting claims. The *alumnæ* association does much good up to a certain point in nurses' development; after that it may be narrowing, holding its members to too small a circle of interests. The woman whose interests are too confined is the one who opposes changes needed for professional progress. Most of our leaders the country over have been women who were by circumstances separated from their first nursing home and whose interests have broadened as they have seen wider horizons.

If the county association and the local *alumnæ* associations both hold monthly meetings, the county meeting is pretty sure to be neglected; if both meet quarterly, the *alumnæ* is still in the ascendant; if the county meeting is held monthly, and the *alumnæ* meetings quarterly, more good will be accomplished.

Now let us go back to our nursing problems and build for ourselves a castle in the air such as I suppose none of us will ever behold in reality.

Here are several counties united in one association with a thriving town as headquarters. The work is organized for the good of the community and also for the professional and educational advantage of the nurses. The first effort will be to establish a central directory, where registered nurses can be distinguished from those not registered, where doctors and patients will be educated, and nurses too, to the advantages of registration. The superintendents of the few hospitals situated in the district, being members of the county association and inspired by

its ideals, will give up their separate school directories and so help the work to start properly. The directory will be in the hands of a graduate nurse and will supply not only the town but the surrounding country. Perhaps it will admit to its lists the best practical nurses, those who can come well recommended, recognizing their good qualities and helping them to find proper employment.

After the directory has become so well established that there need be no further anxiety concerning it, the members will begin to plan for a visiting nurse association and will combine it with the directory, either by placing both under the same management or by having both housed in the same building and co-operating in every way.

When these two are working harmoniously and are self-supporting, it will be time to attempt to solve that most difficult problem of supplying nurses to the middle class. The whole community must be aroused to help in this as in the visiting nurse work. Nurses working by the hour should be added to the visiting nurse staff, who should be available for modest compensation, their board and room when off duty being provided by the endowment fund which is essential to the scheme.

If the plan of the Lady Minto Nursing Association of India be studied it would not be difficult to adapt it to our needs, so that working people might contribute a certain yearly sum, the payment of which enables them to obtain a nurse for a lower sum weekly than would be possible otherwise, the difference being made up to the nurse by the aforementioned endowment fund.

With such a good beginning and such a strong nursing centre the work among tuberculosis patients, and in the almshouses, and the enrollment of a large reserve corps for the Red Cross could be accomplished without nearly so great difficulty as if they were undertaken spasmodically by several small groups of women, and the county association will be making itself of use to the community as well as to its members.

We might go on and fancy a nurses' club-house and library; certainly there would be enough work to keep a county association busy for years.

The establishment of county societies, each with its central directory, means self-sacrifice of various kinds, and the only reason we have not yet attained to good county or city or community associations is because we are not yet far enough advanced in Christian kindness to give up our individual preferences for the good of the whole body.

We all like our own alumnae associations, but so long as these predominate in a county, so long will the county society await its full development. We all like our own school registries, but no school registry has ever succeeded in being of so great service as a central registry.

That unity of interest which binds the nurses of a region together cannot be accomplished by the state association alone, for that is too large and meets too seldom.

The American Medical Association makes membership in the county association an essential to membership in the state and that in turn in the national. They have drawn up model constitutions for county and state associations as a means toward more uniform methods, and a field secretary is employed who goes about helping societies to reorganize. By such means more is accomplished and there is less waste of energy, time, and money.

Of our nursing organizations, only those on the Pacific Coast have followed this plan. California and Washington are organized on excellent lines. In each the county society is the unit and the membership of the state association is composed of delegates from the counties, one to every twenty-five members in Washington, one to every fifteen in California. Of course the state meetings are open as always to those who wish to attend them, but the delegates do the active work. Oregon is about to reorganize on similar lines. In these states it is necessary for a nurse to belong to some county association if she wishes admission to the state. If there is no association in her own county, she is asked to join the one nearest her.

In Washington there is a three-dollar annual fee to be paid to the county, but nothing additional to be paid by the individual nurse to the state. Instead, the counties pay into the state treasury from their funds one dollar per member.

In Minnesota and Michigan there are a few thriving county societies which have been the forerunners from which the state associations have sprung, but now that the state associations are established there is no close union between them. The membership of each is individual and unrelated except by chance. The county members are usually state members also and are interested in all state work, even to the extent of raising needed funds for its benefit.

In Ohio there are several active progressive local associations doing splendid work, but they have no direct relation to the state. In the three states last mentioned the state associations fail to receive any appreciable benefit from the local associations, or, if any, it is vastly less than if they were closely united.

In Massachusetts there is a close and rather peculiar inter-relationship between the thoroughly organized counties and the state. Membership in both is individual, but a person who joins one is by that act made a member of the other also and the dues may be paid to either.

The councillors of the state are elected from the counties or by the counties according to membership, and these councillors choose the state officers, who, in turn, ratify the election of the councillors. This is very confusing to my mind, but I am assured that it works well.

In West Virginia good county work is being done and along good lines. In New York there are a number of county societies, but the situation is confused and not at all ideal. The alumnae associations are in the ascendant and the counties struggle for existence. Membership in the state society is of three kinds—individual, alumnae, and county, but no one is received as an individual member if there is an alumnae or county association open to her which is affiliated with the state. The state officers everywhere testify that the counties are a great aid in state work.

In order to have the county society a success professionally or socially it must have a good president, a real worker and organizer, who will gather in all the scattered nurses who should be members and enthuse them with interest and zeal for hard work.

What shall the county meetings be like? They should have three uses, business, educational, and social. The business should not be allowed to monopolize the general meetings or they will not be interesting. Better have a board of directors or an executive committee and let its members transact the business, giving faithful reports of work done, then the meetings can be devoted to other and less wearisome purposes.

For topics of discussion one of two methods may be followed: First, let the topics be wholly those of local concern connected with the lines of philanthropic or social work to be taken up or already engaged in; second, take the topics that have been presented at the last meeting of the Associated Alumnae, subdivide them, and make them cover the meetings of the year.

It always seems to me a dreadful waste of good material to have such excellent papers brought before our national society, on subjects of vital interest, without a good discussion of them. If the papers read there could be followed up by the local societies in further discussion, they would not have been written in vain. One person could be selected to read the paper which forms the topic for the day, and which all have had a chance to read in the JOURNAL, several could follow the reading with written and well-prepared discussions, and then there should be an informal open discussion in which all take part. I believe such a plan could be worked out very successfully and interestingly and it would be better than scouring the face of the earth for brand-new topics which no one had ever heard of before. The very simplest of every-day sub-



jects are the most successful in the average society. The social part of the county society is not the least important, and should not be despised. To know one's fellow workers helps us and them.

What is the effect of the county and state associations on the individual nurse? All of us who have had the chance to step out of our own little round of interests by being sent as delegates to some of these meetings know how the horizon widens as we look about us. Doubtless you have all had such experiences. Your state meetings have drawn you out of your perplexities and prejudices, you have met and admired fine women from other schools than your own, and you have gone home with a better balanced mind and a warmer heart.

But think of the nurses throughout the state who cannot get as far from home as the state meeting. Think of the strangers among you who have no *alumnæ* association near at hand. What can you do for these? Can't you help shake them out of *their* ruts, help open *their* eyes, and broaden *their* interests by getting all the nurses of a region together in a county society and making the meeting so good and the work done so important that no one will want to miss being a part of it all?

It can't be done without some self-sacrifice. If there are flourishing city associations well established and growing, they will have to stretch their arms a little and take the whole county in. The *alumnæ* associations will have to subordinate their work a little, and throw their energies heartily into the more central body. There may be some twinges of regret, but there will be compensation. The surprising thing in this world is that a little self-forgetfulness brings so much unexpected blessing.

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## OBSTACLES IN THE PATH OF THE SCHOOL NURSE

By CHRISTINE RUSSELL KEFAUVER  
Graduate of St. Mary's Hospital, Brooklyn, N. Y.

MUCH has been written of late on this problem of school nursing. It has consisted largely of academic discussions which treated of the need of the school nurse, the effects on the child, and of the waste which the neglect of the child, the most valuable of all our resources, entails to the people of this and future generations. All this is very true and very interesting and very instructive, but I beg to present a view which seems hitherto to have been overlooked—the difficulties of the situation, not from the standpoint of the scientist, or the statistician, but from

the more intimate standpoint of one of the real insiders, the school nurse herself.

I have been for several years deeply interested in the subject of medical inspection in the public schools, and have seen the system under which it is carried on in several of the eastern cities, besides having been personally identified with the work in Chicago during the past year.

In every case I have been forcibly impressed with the importance of the place occupied by the nurse in supplementing the work of the medical inspector; and still more so with the obstacles in the way of her getting the best possible results.

I will try to describe a few of these obstacles as I, and others, have encountered them in Chicago, where they are probably more numerous because of the newness of the work. Our first difficulty here arose over the difficulty of money. The school nurses were originally an emergency measure and the appropriation provided was only sufficient to pay our salaries for three months. By the end of that time the nurses had so demonstrated their value, not only as preventive and curative agents where the question of communicable diseases was concerned, but also as valuable auxiliaries of the truancy department, that strenuous efforts were made to have us retained as a permanent branch of the health department. Much opposition was manifested to this being done, and the sources whence the opposition emanated served to show the lengths to which greed and unreasoning prejudice against any new departure can carry even educated people.

At first a number of school teachers, and even principals, objected, but a very short time served to show that these could be classified into three groups. Those who did not understand just what school nursing meant and feared that it would result in interfering with the school routine, or lower the attendance, when convinced that such was not the case became ardent advocates of it. Next came those who feared that part of the funds necessary to maintain the work were to be deducted from the already slender appropriation of the Board of Education.

The third group consisted of those who were old-fashioned and firmly believed that measles, scarlet fever, and diphtheria were dispensations of Providence, which every one *had* to bear sooner or later, and the sooner we had them and got over it the better; also that pediculi, ringworm, impetigo, and scabies were afflictions of childhood, unpleasant to be sure, but not to be avoided. The members of this group withdrew into their shells, as it were, and dismissed the whole subject of medical inspection as one more "fad" which had been thrust upon them.

They neither assisted nor hindered, they simply ignored. They saw none of the good accomplished, but mentally filed for future reference any mistake or unpleasantness which occurred.

Lastly (and to their credit this group was extremely small) came a few narrow individuals who felt that the school and all it contained was their personal property, and that any person coming into it must necessarily be guided by what they thought. *They* preferred to say whether a child should be excluded or re-admitted to school; what rooms routine inspection should be done in and how frequently. In short, *they* wished to conduct the medical inspection of the pupils, not according to the ideas of the medical inspectors and school nurses, whose professional training qualified them for the work, but according to their own personal whims and fancies. Fortunately, as I have said, such people were rare, and as there were only 42 school nurses in all, and this number could not possibly cover all the public schools in Chicago, the Board of Health dropped all those schools where the principals and teachers refused to co-operate, and transferred the nurses to schools where the teachers and principals appreciated the work they were trying to do.

Another thing which complicated the work was the attitude of the parents. As I have said, school nursing is new in Chicago, and being so, a large amount of educational work had to be, and still has to be, done before the general public realizes that it is the gainer and not the loser by the new order of things.

We have here, as in New York, a large foreign element, and it is among them that most opposition is met by the nurses to the work they are trying to do. The Stock Yard district of Chicago is made up almost entirely of Polish, Lithovianian, Bohemian, and some Swedish emigrants hardly any of whom speak or understand English. These people are all of the poorest peasant classes and, with the exception of the Swedes, have been for ages subject to the cruel despotism of Russian rule and are ignorant and suspicious to an astonishing degree. They are absolutely unable to grasp the idea of any person doing anything for them merely from a desire to help them, and they are sure the nurses and doctors must be getting something out of it "on the side." The Poles, especially, are sullen and indifferent, and it is almost impossible to have even the most glaring defects remedied except by the persistent efforts and long-continued visits of the nurse.

Adenoids and enlarged tonsils, not being external defects, are calmly ignored, and no amount of argument will convince the majority of the parents that our desire to have them removed is not a scheme whereby

we are in some unexplained way the gainers. Glasses they dislike, and as far as possible refuse to provide, while such a thing as vermin is dismissed with a calm shrug and a stare of ox-like surprise that we should concern ourselves with so trivial a matter.

The Swedes and Bohemians are brighter and more progressive and take readily to the idea of remedying their children's defects, while vermin are comparatively rare among them. Then, too, they are not cursed with the drink evil as the Poles and Lithovians, and so their homes are cleaner and better, their children are better fed and clothed, and the filth diseases of scabies, impetigo, favus, etc., are much more rare among them. It is, however, a curious fact that throat affections, such as hypertrophied tonsils and adenoids, are much more prevalent among the better class of children than in those in very poor circumstances. Perhaps some one can tell us why.

The last and greatest obstacle encountered by the nurses was—the *medical profession*. This was really the "unkindest cut of all" as it was one quarter from which they felt they had a right to expect encouragement and support. The trouble started almost immediately and with the medical inspectors.

Doctors had been employed in the public schools as medical inspectors for some time, and had been examining children and sending home a card to the parent on which the physical defect was noted and the parent advised to seek treatment. They also excluded contagious diseases, examined children who had been excluded before re-admitting to school, and placarded houses where contagious cases were quarantined. As the salary was only \$50 a month, the position did not present great attractions from the financial standpoint, and the doctors who took it up felt they were doing their full duty if they ran into a school for a few minutes, asked if there were any children to see them, and ran out again. The medical inspectors were largely recruited from three classes: The young doctor just starting practice, who wanted something that would pay his rent and probably throw a patient or two his way till he got on his feet and could afford to give his whole time to his own practice; the old or middle-aged man who, after years of struggling practice, yet could not make both ends meet and took this to piece out; and the successful practitioner who had taken up the work when he needed the money, and then as the great scope of its possibilities opened out before him, stayed in it for the love of the work itself rather than for anything it could bring him, and strove in every way to be of most value to the school fortunate enough to have him for a medical



inspector. Such a doctor gave fully of his time and services, and the paltry remuneration which he received could in no way compensate for the good accomplished through his efforts. From doctors such as these the nurses experienced only courtesy and a keen desire to co-operate with and encourage them in every way in the work they were trying to do, and they stood their staunch friends in the stormy medical meetings in which they were accused of every crime under Heaven, up to the capital one of taking the bread out of the mouths of the starving medicos.

With the very poor of the school children the nurses were able to do a great deal if they succeeded in gaining the parents' consent. The dispensaries, the bureau of charities, the visiting nurse association, all gave generous aid to those for whom they sought it. It was when they came to the middle class, the people with a *little* means, that they struck their first real snag.

To illustrate: One of the nurses went to a child's home to investigate a case of hypertrophied tonsils and adenoids referred by the medical inspector as needing treatment. The people were Swedes and lived in a comfortable little apartment for which they paid twelve dollars a month rent. The father earned forty dollars a month and there were six children besides himself and wife, and as he was frugal and sober they seemed to be able to get along nicely, but there was no surplus for luxuries. The nurse inquired if they had a family doctor, and upon their mentioning a doctor who treated them when they required it, advised them to consult him concerning an operation. Incidentally she discovered that the eldest girl was badly in need of glasses. She advised them to see to this also, which they agreed to do. Two weeks later she received a request from the parents to call and see them. They told her they had consulted their doctor and he wanted fifteen dollars to remove the tonsils and adenoids and would not do it for a cent less. The oculist, to whom they had taken the eldest girl, had wanted seven dollars and a half to fit her with glasses. That meant twenty-two dollars and a half to remedy the defects of two children. That left seventeen dollars and a half out of a month's salary of forty dollars; deduct twelve dollars for rent, that left five dollars and a half for the expenses of a family of eight persons for one month. *It was clearly impossible.*

Meanwhile the lack of glasses and the consequent eye-strain was ruining the nerves of the girl, and keeping her back in school, while the adenoid growth of the boy had been so long neglected that he was already two years behind his grade. The nurse took the boy to a free dispensary, where upon the payment of *fifty cents* to cover the cost of the anæsthetic, his adenoids and tonsils were removed by a competent doctor, while

if, through neglect of a remediable defect, the child's earning capacity is practically cut in half. Above all the public needs to be constantly educated in one thing: that is, that *it*, as a taxpayer, is maintaining the boards of education and of health, and that *it* has the greatest reason for demanding the highest interest on the capital invested. Such interest to be returned to *it* in the form of children who, upon leaving the public school, shall not only have gained an education, but shall take into the world with them healthy bodies which will enable them to *apply* that education to the best possible advantage to themselves and the community to which they belong.

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### HOSPITAL VIGNETTES: THE OLD-TIME WARDMAID

By GEORGIANA J. SANDERS

Graduate of the Manchester General Children's Hospital, England

HAS she altogether passed away, that austere, tyrannical, talkative miracle of cleanliness, with her immense respect for properly constituted authority and her profound contempt for each new batch of "perbationers"?

Who trained us in those far-away days in the way we had to go? The remote lady in the office in whose presence we stood and suspended labor? The busy head nurse, tied up, it seemed, everlastingly in the doctors? Our seniors who saw to it, in self-preservation, that we soon knew when to fetch and how to carry, and various practical parts of our work that otherwise devolved on them? Or the doctors who showed us mysterious spots through the microscope and supplied us unasked with strikingly irrelevant information?

They must all certainly have had their uses. But the authority we feared, before whose ready tongue and contemptuous glance the stoutest quailed, she who taught by experience, expected less than nothing from us, and yet exacted standards it was hopeless to attain, this authority reigned in scornful independence in the ward kitchen, emerging punctually as clock-work twice a day to sweep the wards or scrub the lavatories. Did it matter to her that you had not finished making your beds? Not a bit: it was sweeping time. Or had you perhaps finished early and would fain have begun your dusting? Well, I don't believe any one ever suggested such a revolutionary idea: it was the peace of the whole day in the balance against ten minutes' extra margin to the morning rush of work.

Do you remember your first night on night duty? The mysterious

glamor of at last *really* nursing, the exalted sense of responsibility balanced by that unacknowledged quavering sense of your mighty unpreparedness? How hard you worked! and do you remember how the daylight brought you re-assurance and how, feeling you had steered your barque through alarming difficulties, you triumphantly came to give your first really important report? What took the wind out of your sails? What made you realize that you were less than the least of any would-be nurse that had ever gone before? Alas! had you not altogether forgotten, in spite the warnings of wise friends, that the one thing that really mattered was to keep your kitchen neat for the autocrat whom nature forced to spend the night away from her kingdom? You knew then that you had left your breakfast dishes in unorganized heaps all over the kitchen table, the plates unscrapped, the tea-pot full of leaves, and, worst of all, the kettle empty! Lower than the last no one could fall.

How long did it take you to learn to pack your well-scraped plates and emptied cups deftly into the dish-tub and to leave not a trace of your twelve hours' multiple energies, "poor, poor dumb mouths," to testify against you in the kitchen?

But one does not emerge unscathed from such experiences. Though but common clay I own to being a marvel of neatness where just such work is in order, and punctual to despair. As for a kettle I refill it by reflex action. But the other day, passing through a friend's kitchen, in this land where we live in such pleasant intimacy with our kitchens, I surprised her by absent-mindedly touching her tea-kettle and, finding it light, carrying it to the tap, and filling it, apparently quite unconscious of what I was doing. Some lessons of life burn deep into our souls.

At six-thirty she arrived on the scene in a monumental bonnet of black crepe ornamented with a sad but persistent rose. This and her shawl she hung on the kitchen door and not in the closet built for such uses, which closet was an innovation. She carried a bundle consisting of a clean check working apron and a clean white linen one for the afternoon, a comb, and her horn spectacles, never more and never less. Her tidy scanty hair was covered with a too ample black chenille net; her costume a skirt of negative complexion, short and clean with a blouse obviously furnished by our old uniform skirts.

The early morning had been a taciturn period, plates, breakfast dishes, scrubbing, sweeping, always in the same order. Her last act was to scrub her own kitchen floor and cover it with convenient paths of newspaper till it dried, since even her authority had its limitations and she

could not forbid us to enter. The floor was of black and red tiles peculiarly prone to reveal spots. Did you ever in her "hour off" roll plaster of Paris bandages in the kitchen and forget to cover the floor beforehand with newspapers? And did you or did you not go to bed that night a discouraged wreck realizing with bitterness in your soul that you had mistaken your vocation and could never never make a nurse?

After her morning work her floor cloth and brushes and even more times her broom were washed and put out in the sun to dry, a lesson in economy and hygiene to us all. It was her pride that her brushes and cloths lasted longer than those of any other wardmaid. At dinner time she helped us juniors peel the potatoes and saw to it that we remembered our part in good time and had the plates heated and the bread cut. That we might forget duty whose omission caused annoyance only to ourselves or the doctors, of whose importance she had only a casual conception, troubled her not in the least, but in her philosophy the patients' comfort was never a negligible quality, and she never left such details as hot plates to the chance remembrance of a forgetful probationer. At three punctually she took her hour off, preparing for the afternoon leisure by combing her unruffled smooth hair, washing her hands, donning her bonnet and cloak and putting up a clean roller-towel on the kitchen roller. This always seemed to be with her a sign that the strenuous duties of the day were over and the ornamental hour of ease might be recognized. On wet days she seated herself in her kitchen in a low chair near the fire, donned her spectacles and spent her hour over the newspaper, the cat for whom she saved scraps of fish drowsing in company opposite. At seven she banked her fires, filled her kettles and retired for the night leaving, I must own, a kitchen which fairly sang with comfort and cleanliness.

Do you remember the tins in which she kept tea and coffee, starch and other etcetera? A shining row all the same shape and in graded sizes which she had accumulated one by one through many months by keeping a wary eye on every tin she saw in casual use. They were polished like silver on a sideboard and labelled with adhesive strapping which the most skilled among us in the art were permitted to print for her. And did you ever with moist and grubby fingers leave smeary marks on one of those tins? Do I not remember one of our number so sinning and having for punishment to endure the reproachful sight of the precious afternoon hour given up to repolishing every separate, contaminated tin?

Had she any human relationships? A thin pale wedding ring on the finger of her hard-worked hand suggested such a possibility, but the crepe bonnet might be taken as a sign that such a relationship had come



to an end, and its floral decoration that time had elapsed sufficient to mitigate the mourning.

She abominated children and treated the older male patients with a tolerant recognition of their limitations, but the young men in the ward certainly reached a weak spot in her horny heart. She rarely returned to her evening's labor after her prized "hour off" without fulfilling some small commission for one of them—the evening papers—fresh eggs—or even a message from the wife. The old men feared her though she rarely spoke to them; the most incorrigible would sweep his untidy belongings out of sight at her approach, and never but once in the whole years of her reign did a patient in "her ward" require to be reprimanded for forcible language. I could hardly explain who undertook the reprimanding: red tape and reporting in the proper quarter were, in her view, obstacles contrived to hamper the progress of justice.

Once we remember her being ill; it was in one of those winters when influenza was a terrifying scourge. For two days she stayed away and we tasted the joys of liberty and the discomforts thereof. On the third day to our consternation she returned white and meek, poor old dear, but determined. In vain we tried to help her and those in authority to lighten her labors with other help, for in those days our government was paternal and every member of our large family was a considered individual; but we only roused her deepest resentment. Her job, unattractive as it might appear to be, meant daily bread and the sweets of independence: was not failure the sword of Damocles above her head? and any one who tried to make it appear that her work was too much for her, was her bitter foe working to take the bread from her mouth. We had to take her point of view and fall back on feeding her up; I think every individual doctor and nurse with whom she had dealings privately dosed her with a pet tonic, all of which she took, and on the strength of which she recovered.

A time usually came in your training in which she somewhat revised the harsh judgment with which she viewed your character and works. This generally followed on the importation of another nurse from a ward less blessed in its kitchen autocrat. She always referred to the wards as "Annie's ward," "that silly Jessie's," and so on. Of Annie's or Jessie's training of "perbationers" she had, and quite justly, no opinion whatever. Then you reaped the fruits of discipline, then she regarded you with maternal eyes and scrupled not to hold you even as an example to your less fortunate comrade who might sigh in vain for the lax principles of the scorned Annie or Jessie. Her highest mark of favor was shown on the Saturday before Easter when her morning bundle was aug-

mented with a fresh (so to speak) rose, by which the bonnet was to be converted into an Easter creation. The afternoon hour was devoted to this important work. The kitchen door closed, you sat together under the open window, you realizing the full strain of your responsibility with scissors, needle and thread and a clean scrubbing brush with which to brush the crepe, and the intent and anxious owner breathing heavily over your shoulder and watching your every movement through her spectacles. And the pride of completion when the bonnet was tried on before the kitchen looking glass and pronounced with a pent-up sigh of relief to be beyond criticism!

Fellow human soul, learning the lessons we each have to spell, taking the discipline of life as, whether we will or no, we each have to take it, what compensation in the balanced scheme of things did your simple spirit glean in its monotonous surroundings and the daily round of unmitigated drudgery? May the warm recollection of those of us you "trained," as we unconsciously fill our neighbors' kettles, or suffer from other wardmaids sadly different from you, serve as soft pillows to your soul when it earns its rest.

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## THE CARE OF THE AGED

By JESSIE BREEZE

Graduate of the Illinois Training School, Chicago

THE care of old people requires just as much skill, tact, ingenuity, and patience as the care of children, and perhaps more, because one must keep reminded that old people cannot be treated like children even if childish, and that feebleness of physical and mental powers is not accompanied by forgetfulness of early experiences. A genuine affection, gentleness, sympathy, and imagination sufficient to enable one to grasp the patient's point of view are necessary. A nurse who is not a disciplinarian is more likely to succeed with the majority, and if she has a generous sense of humor she will be saved much mental wear and tear in the complications which are sure to arise. The private duty nurse without a sense of humor must have a hard time, for how else can she get the relaxation she so sorely needs while on duty?

"Senility is a normal phase of existence," and may be defined as a "retarded functioning," occurring comparatively early in life in some people, in others being deferred much longer. The primary cause is arteriosclerosis, which lowers the vitality by diminishing the nourishment to the tissues. As people grow old they need to be gently guided in ways of living that will prevent too rapid changes.

"Many of the diseases of old people are caused by toxic conditions originating in the colon, where putrefaction and fermentation take place; or in the kidneys, as there is a decline in urinary solids with an increase of the toxic products." "The respiratory capacity is diminished and the secretions of the skin are lessened as is often also its pliability." Be careful that all the excretions are free, but not alarmed at frequent copious urinations of pale or colorless urine, which are especially common at night with the nervous ones.

Old people are especially liable to several diseases which need not be mentioned except where the prevention or nursing differs from the same conditions in the young. Senile gangrene is very terrible, but it cannot occur if the skin is unbroken. If there is an abrasion, dress it dry and be watchful, reporting, of course, to the doctor the slightest tendency of the tissues to break down. For the prevention of cerebral hemorrhage in those who have recovered from an attack or who seem likely to have one, discontinue the use of alcoholic drinks, restrict the diet, giving less nitrogenous food and very light desserts. Fractures are comparatively common. When the patient has recovered from the shock the doctor is not unlikely to direct that old people with broken legs or hips are to be taken out of bed daily to sit up. Any old person in bed longer than a few days should be carefully cared for to prevent bed-sores. Incontinence of urine is not uncommon and is very distressing, requiring all the ingenuity of a nurse to keep the patient clean and free from chafing. There are many rubber appliances on the market for both men and women, which may help, but eternal vigilance is just as necessary. When old people are sick in bed, change the position often and get them out of bed as soon as the doctor will permit. The aged often recover completely from alarming illnesses where the possibilities seemed small, and they fade away quickly sometimes in what seem only trifling ailments.

Let the rooms occupied by old people (and especially sick old people) be as light and sunny as possible. There may be a protest against the sun at first, but ingenuity and tact will overcome that. The warmth of the sunshine is agreeable; try protecting the eyes and allowing the sun to stream over the patient—it is almost certain to be grateful. Bear in mind that when the present old people were young, darkened sick-rooms were proper and smiling faces were much out of place in them. The smiles are welcome now and so will the sunshine be.

The diet may need a little modifying, as old people can neither digest nor assimilate food as in maturity, nor can they take so much at one time. The foods to be recommended are water (about two quarts

daily), fruits, vegetables, milk, bread and butter, with small quantities of meat and eggs. This gives the kidneys a comparatively small amount of work and lessens the tendency to rheumatism. Tea and coffee may be allowed unless they cause wakefulness or disturb digestion. Tea and coffee are less likely to disturb the digestion if taken without milk or sugar, but if the effect on the nervous system is bad, they should be weakened or omitted. All food should be well prepared, nothing fried nor very rich, but everything of good flavor. As the tendency of nurses is to "regulate" so much as to be dreaded by old people and invalids, the wiser course is to advise little or no change in diet which the patient has not proved to her own satisfaction she is better without. The doctor, whose authority is seldom exercised, can make necessary changes in diet when the nurse's suggestions are scorned.

If digestion is feeble or the appetite poor, it is usually wiser to give the patient small quantities every two or three hours. If feeding is necessary, it should be done slowly to give ample time for mastication, and if the appetite is poor, a little diverting conversation or a gentle coaxing may help.

Sudden and unaccountable sensations of acute hunger are not infrequent. A hot (or cold) nourishing drink with a toasted cracker will usually be sufficient unless the patient eats too little. Care must be taken not to overfeed those with an appetite, as a more or less acute indigestion may result, a bilious attack become manifest, or the blood-pressure be increased to the point of danger. Alcoholic drinks should not be given to old people without the consent of the doctor unless they have always been accustomed to them.

Good teeth are not only desirable but necessary to proper digestion. Natural teeth in poor condition are a source of danger, being the cause of serious diseases of the jaw. An impaired sense of taste is one of the handicaps of old age, usually more noticeable in those having false teeth with a plate. This lack of taste may be so troublesome as to interfere with digestion by causing a sudden ceasing of appetite after a few disappointing efforts to eat.

Properly fitting glasses are a great help in promoting interest in the life about. Reading, sewing, knitting, and card playing are excellent occupations if the patient is able to do any of them. Many old people speak of a troublesome smarting of the eyes, more or less persistent and very annoying. Normal salt solution or weak boric acid solution used with a dropper or eye cup will usually give relief. If not, consult an oculist.

For those hard of hearing, remedies are not so easy. More tact and



absolute frankness of conduct are essential to gain the confidence of the patient. Include the deaf one in all conversations possible and make every effort to promote her happiness—not an easy task, as a rule. There are many recent devices to assist the deaf; some are like a telephone with a small battery to be carried in the coat pocket or inconspicuously fastened to the dress. These are expensive but satisfactory to some, not at all to others. Many old people are not so deaf as they seem. Combined with a less acute sense of hearing is a slower mental action, and for that reason they do not understand.

The sense of touch is less acute in the old, and when this is marked, sewing and knitting become irksome. This numbed sense of touch makes the handling of things uncertain. The skin is frequently cold, and there is a general loss of body heat. Warmer clothing is necessary and somewhat warmer rooms to live in. One or two baths a week are essential to maintain the functions of the skin, but they may be difficult to give to these dear shivering ones. An absolute unchanging regularity is not necessary for every patient, indeed, with some, a little irregularity is wiser. The best time of day for the bath varies with the patient—usually an hour or two before the noon meal or in mid-afternoon for the very feeble ones. The room must be warm, the water warm enough to be comfortable, warm blankets, towels, and hot-water bags or bottles ready for use when the turn of each comes. If the bath is in the tub or a sponge bath is given out of bed, keep a towel over the shoulders and dry each part as it is bathed unless it can be kept under the water. After the bath let the patient rest in bed half an hour or longer, first giving a hot nourishing drink. After the rest, if the patient is still cold and wants more clothing, let it be something which can easily be removed when she is warm.

Washing the hair is a problem with old ladies. The scalp can be kept clean and wholesome with some simple hair tonic, and most old ladies like to have their heads rubbed—it is soothing and diverting. But hair tonic will not keep white hair (not even dark hair) pretty and soft as one likes to see it, so an application of soap and water occasionally is necessary. Do the best you can. A large bath towel pinned about the neck and a large supply of wash cloths for drying the hair may be an acceptable hint. As soon as the hair will not drip, rub the scalp with hair tonic, bay-rum or dilute alcohol. It makes the scalp feel warm and pleasant. Rinse white or gray hair with bluing water, and send up a song of thanksgiving when the task is satisfactorily finished.

When the condition admits it, regular exercise in the fresh air should be taken daily to assist elimination and aid digestion. Massage

can be substituted when exercise is impossible. Good ventilation so supplied as to give no dread of being chilled is another necessity.

The brain suffers from lack of nourishment as well as the other organs, and this accounts for many nervous symptoms, sometimes so bad as to become senile dementia. In the beginning there are increasing forgetfulness and an inability to grasp the correct meaning of things heard and seen. Things heard and seen are confused with things which take place in their minds only, often bringing untold unhappiness.

All old people have their pet comforts, economies, and habits which should be respected as far as possible. Memories and customs of youth seem to return in age to some people. The characteristics common to nearly all are a tendency to tell the same thing many times, and to modify the truth to suit their own peculiar sense of the fitness of things, as children do. A short experience soon convinces one that it is an easy matter to smile at these efforts when it can make no possible difference to any one, and when it does, to briefly and tactfully supply the necessary points to set the matter right in the patient's mind. In fact, be blind, deaf, and dumb to the unessentials, as good mothers are, sure that all will come right in the end.

What does it really matter if they have absurd economies or are unwilling to submit to everything we wish to do for them? Are we not striving to maintain happiness and not to exercise tyranny? What if this dear old lady objects to clean handkerchiefs; will not a crumpled one, changed while she is asleep, answer? Another old lady does not wish her handkerchief given to her unfolded, and the next patient you care for is frigidly injured when you hand her a folded handkerchief. Isn't it distinctly funny? And a nice old man has a horror of the clean towels so dear to your heart! Can you not both be happy with carefully mussed towels?

Old people require less sleep than in youth or maturity, but they become weary easily and without apparent cause. They are apt to drop asleep in a chair if they attempt to read or sew. A half hour or an hour of sleep in the day is usually all that is wise to encourage; more is likely to be followed by a wakeful night. Some old people need a nourishing drink at bedtime every night; others are better to have one occasionally as it seems needed. Hot milk with salt, or salt, pepper, and a little butter, a hot eggnog, hot malted milk, or any agreeable nourishing drink may be given.

Any time of waiting seems long to old people, and wakeful nights are distressing. If a patient is wide awake, restless and full of fears at night, the easiest and quickest way is to have a good light and make a business of diversion after giving a hot drink, hot water bag, and any

other little comforts which are possible. If no doctor is in attendance it may be allowable to give from three to five drops of spirits of camphor in a cup of hot sweetened water.

Some old people are tormented with formication or an exaggerated itching sometimes very difficult to relieve, and which naturally increases restlessness and wakefulness. Bathing with hot water, or salt or soda water, may help. Massage is the only thing which will relieve others. For very hot feet, which occasionally trouble some old people, wet a wash cloth in cool water and wrap about each foot for two or three minutes and pat dry.

The hardest thing in caring for old people is to succeed a well-loved nurse or to relieve her for a vacation. In such a circumstance my last shred of courage faded when taking care of one dear old lady, and I made a joyful escape on the return of the nurse. However, out of that experience there was and still is no little amusement for me. One of her favorite occupations was to rock herself back and forth, sitting bolt upright in her chair, and exclaim over and over for half an hour or longer at a time: "Oh, dear, oh dear, and oh dear, oh dear!" even when I made what I thought were well-directed efforts at diverting her with more entertaining things. One day her wailing was modified by memories of her long, peaceful, and pleasant life, and for an hour or more to the refrain of "oh dear, oh dear, and oh dear, oh dear," she added: "If I hadn't been so good, oh dear, oh dear! I never had a chance to be anything else, oh dear, oh dear! I've always been so protected and so well cared for, and oh dear, oh dear, and oh dear, oh dear! Isn't it awful, oh dear, oh dear!" This was too much, and I was obliged to make a hasty escape in order to recover a properly sober countenance and a calm voice.

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## HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 748)

### V

#### PLUMBING

IN the construction of a house economy in materials may be practiced in many points without detriment to the household welfare, but the system of plumbing is not one of them. Good plumbing properly installed is very expensive in the beginning, while poor plumbing badly constructed is a constant expense, and a source of danger to the health of the family.

If the woman of the family has any voice in the matter she should make a study of the subject and acquaint herself with the best and most convenient appliances, should have an intelligent idea of the mechanism of traps, water-closet basins, etc., as well as an understanding of the proper arrangement of pipes as to place, joining, ventilation, and light. This study should be made before the plumbing is installed, otherwise great expense may be incurred in correcting mistakes, or the system may be a source of annoyance or danger so long as the house stands. Presumably when one builds a house it is for permanent occupancy, and the family are unable to "flit," as the Irish say, if the plumbing is bad, as might be done from a rented house or apartments; hence the great importance of knowing what one can and should have, and how it should be constructed. Our fathers and grandfathers attended to such things in their day, but in our generation it usually falls to the wife to supervise it (unless she happens to be unusually dense), and she will save herself much tribulation by a due amount of foresight.

There are a few points which must be insisted upon even if one's knowledge is very limited.

The soil-pipe, which is the main pipe into which all of the drains from tubs, sinks, etc., enter, should be of iron and never of lead, which sags, bends, and is easily broken by nails or the gnawing of rats. Soil-pipes are usually made of two different weights, of which always choose the heavier, for the breaking and removal of a soil-pipe means vacating the house.

All pipes entering the soil-pipe should be joined obliquely, and not at right angles, which obstructs the flow of sewage and causes an accumulation of filth which gives rise to offensive gases, which may be forced into the house. In hot climates the soil-pipe may be put on the outside of the house-wall, but obviously this would be out of the question in the North.

All connecting pipes should be "open," that is, should never be placed between walls nor beneath floors, and as far as possible all pipes and joints should be placed opposite the windows, rather than along the same wall, thus giving a much better light for detecting leaks and for making repairs.

Traps are of many patterns, from the simple *S*-trap to very elaborate devices, but all are for the same purpose of preventing the return of fluids and odors into the house. Whatever the pattern, find out from the plumber how they work before they are installed, and how they may lose their "seal." If the traps are in good condition it is almost



impossible for the sewer air to force an entrance into the house, and many odors which are designated sewer air are, in reality, the emanations from neglected sinks and water-closets.

All sinks, bathtubs, and lavatory basins are provided with overflow pipes, and one of the most important points in the whole system of plumbing is to see that these overflow pipes enter the water pipes *above* the traps, otherwise they become inlets for sewer air. What are known as the "stand-pipe" outlets are considered the best. A common fault with lavatory basins, sinks, slop-hoppers and laundry tubs is that they are too small, and in consequence walls and floors are spattered and unsightly as well as unclean.

It is usually necessary to have a house-service tank in connection with the system of plumbing, which serves as a storage for the water supplying the hot-water tank and for flushing the water-closets. These tanks are placed in the highest part of the building and are usually difficult to clean, which is no doubt the reason why many of them are so neglected. No matter how pure the water supply may be nor how closely covered the tank, there is always a gradual accumulation of sediment, containing more or less organic matter, which must be removed at regular intervals. Ordinarily this water is not used for drinking nor cooking purposes, as the cold water pipes connect directly with the street mains, and for this reason the service tanks are usually made of wood, except in very large hotels or office buildings where the service tanks necessarily supply the water for all purposes throughout the building and the tanks are copper lined. A house may be equipped with the most perfect system of plumbing and have every possible convenience in the way of appliances, and yet on one entering from the fresh air bad odors are encountered; for the daily care or daily neglect record themselves in the atmosphere of the house.

A keen sense of smell and a quick eye for filth are necessities to every housekeeper, and these combined with diligence and soapsuds are usually all that are necessary to remove bad odors.

A five per cent. solution of boiling washing soda and a long handled brush to save one's hands should be used frequently in the kitchen sinks and laundry tubs, especially in the crevices and around the drain board to remove the accumulation due to soapsuds.

Boiling water or solutions should not be used in the water-closet basins, as the heat "sets" the odor of urine and the cleansing or disinfecting fluids should be only slightly above lukewarm. Where there are small children, the water-closet basins need constant oversight to keep them clean, for with the best of intentions youngsters are awkward and prone to accidents.

The most common causes of obstructed waste pipes are bits of cloth, hair, heavy paper, and other impervious materials thrown into the water-closets, and in the kitchen the lack of a sink strain allows lint and particles of food, particularly tea- and coffee-grounds to enter and clog the waste pipes. It is a common saying that coffee-grounds are the plumber's best friends.

In the daily routine care of the household plumbing it should be borne in mind that the filth which comes from neglect is a fruitful source of disease, affording excellent culture media for the multiplication of all kinds of bacteria. Unclean bathtubs and wash basins are especially dangerous in diseases of the skin and eyes, while foul kitchen sinks are large contributors to the spread of typhoid fever, tuberculosis, and diphtheria.

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### OPHTHALMIA NEONATORUM

By HELENE F. MOLCHIN

Graduate Lakeside Training School, Chicago; Former Nurse in Charge, Chicago Eye and Ear Hospital

THIS disease is a purulent conjunctivitis appearing from a few hours to the third day after birth and characterized by a discharge of thick, greenish-yellow pus. Untiring effort, watchfulness, and patience form the trinity that finally spells success in the combat against this dread infection, and all the more so inasmuch as the nurse usually has two patients on her hands and with each must guard against the danger of reinfection.

When nursing ophthalmia neonatorum, whether in hospital or private homes, it is absolutely necessary that all utensils and dressings used in the care thereof be kept separate. This is easily managed both in city and country practice and requires, if there is no lavatory in the home or if it be too far removed from the patient, two ordinary hand basins, one in which to scrub and the other for an antiseptic solution, soap, handbrush and towels; then a small pan or basin deep enough to hold the hot water bath for the boric acid flush, two of the ordinary jelly glasses, one for the flush, the other for a solution in which the eye droppers may be kept. The dressings necessary are small cotton pads cut two or three inches square and used to catch the water and discharge while the eyes are being flushed, and sponges are needed to complete the frequent treatments. These last are best made by dipping a small square or piece of cotton in water,—sterile,—rolling it between the palms

until conical at each end, and then squeezing dry with palm and fingers of one hand. This can be done rapidly, makes good firm sponges for cleansing the eyes from adherent mucus and pus without leaving any irritating shreds of cotton to add to the inflammation already present, while superfluous moisture due to flushing is also absorbed.

Orders for treatment as a rule read: "Give boric flush every half hour, night and day; use antiseptic as directed, also atropine solution." The antiseptic ordered is usually some soluble silver salt,—argyrol being given preference now, but protargol is also used,—the amount ordered in the treatment depends on the strength. If percentage is high the drop method is used, otherwise the eyes are flushed with it and so left until the next cleansing is due, after which it is not used again for one or more hours as the case may be. This last is only done, however, when a weak solution is ordered. The use of atropine is indicated if the pupils are narrow. We were taught that its action here prevented adhesions of the iris.

The work demands absolute thoroughness and cleanliness. Its frequent occurrence will more or less disturb baby's tranquillity, even digestion, but these must be secondary considerations so long as eyesight is at stake. So have the dressing table always equipped and ready, having protected well the piece of furniture used for this purpose, and underneath have a newspaper for soiled dressings. While you scrub, the boric is placed in the warm water bath (use at 98° to 100° F. unless ordered otherwise) and finally we are ready for actual work. Whether we stand at the head of the couch or cot where baby is lying or hold it on our laps, the arms and legs must be well secured by wrapping about the little body a light washable coverlet. Support the head with palm and three fingers of left hand, inclining it so all matter will discharge from outer canthus; with the thumb and forefinger of this hand hold the eye well open and flush with right hand. Steady the thumb by pressure on the cheek bone and the forefinger well against or under the arch of the eyebrow, for *never* must any pressure be made on the eyeball nor must we allow a squirming baby to let this improvised speculum slip, for the infection causes the eye to become soft or macerated and pressure will cause rupture of the ball with consequent escape of crystalline lens, leaving a deformed and sightless eye.

Never allow the solutions used to run from one eye to the other, neither is it necessary to touch the eyes with the dropper; only do not allow flush to come from too great height and always test temperature by trying a dropperful on inner side of your forearm. Indeed, if the work is done quietly and firmly, solutions neither too hot nor too cold,

it is surprising how well this manœuvring can be accomplished and baby be asleep. Atropine is usually used three or four times a day. Incline the head after having used it, allowing it to run out, and, while using, hold the tear duct shut so that none is swallowed. Avoid stains from silver solution by folding a soft old cloth under baby's head and then burn all soiled dressings.

As the discharge lessens, the intervals of treatment are lengthened, and then we must guard against being over-zealous and not disturb too often. Sometimes even with most conscientious work there will be one or more small opacities of the cornea, but as the little one grows and strengthens these absorb, and statistics show that when cases are taken in time vision is not lost.

Observe every precaution when baby is nursing, protecting the mother and bed with liberal pads of old soft cloth, and teach the mother never to come in contact with the discharge, disinfecting her hands if inadvertently done.

Baby's eyes are the first care and when the hand points the half hour, whether giving bath or rub or setting the tray, we must journey toward the brush and hand basin. Of course if the mother's case is complicated, it will be necessary to have two nurses, and in any case there is plenty of work even if infection begins to yield in a few days, but with system it can be done and well done. One can even find time to wash all diapers and flannels if necessary. The mother's room need not be neglected, and last, but not least, we can find time to sprinkle her tray with the rose leaves that have fallen from her bouquet, and there is always time for some good laughs besides.

The treatment for an adult is practically the same. Sometimes dressings are done every fifteen minutes, which is none too often, and often ice compresses and continuous irrigation with some mild antiseptic are ordered, to be given three or four times a day.

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### MILK PUDDINGS\*

ALMOST any farinaceous food obtainable may be made into a good pudding with proper cooking, milk, eggs, sugar, flavoring, and a little ingenuity. Any of the innumerable preparations of oats, corn, wheat,

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\* In response to a request from a nurse in India for receipts for milk puddings, Miss Hamman has kindly furnished the above. The writer asked for recipes of puddings not in general use which explains the omission of those made of rice, tapioca, Indian meal and bread.



rice, and some of the other starchy foods may be utilized. Fruits of various kinds, when available, may be combined with them, and a little chocolate will often make a new pudding out of an old receipt. Here are a few suggestions, and a little thought will enable one to vary and multiply them indefinitely.

**Fine White Hominy.** Three-quarters of a cup of hominy, one quart milk, one teaspoon salt, three eggs, one-quarter cup sugar, one teaspoon vanilla. Scald the milk, add salt and hominy, and cook two hours in a double boiler. Add sugar, vanilla, and eggs well beaten. Turn into a buttered baking dish and bake three-quarters of an hour in a moderate oven. Serve with sugar and cream, or with stewed fruit—apples, peaches, cherries. Another variation may be made by using only the yolks of the eggs in the pudding, and making the whites into a meringue for the top.

**Oatmeal Pudding.** For this either the old-fashioned oatmeal or the rolled oats may be used. In either case, cook the cereal thoroughly, as for mush, using for the oatmeal four parts of water, and for the rolled oats three parts of water to one of the grain. To each cup of the cooked cereal add one cup of milk. Beat thoroughly together, pass through a fine strainer, sweeten, and flavor. Turn into moulds rinsed with cold water. Chill and serve with cream and sugar, or fruit. Chopped dates, raisins or figs may be added to the cereal before moulding. Any of the cereal breakfast foods on the market may be used in the same way. Graham, whole wheat flour and cornmeal may all be made into simple puddings of this sort.

**Macaroni Pudding.** Any of the flour pastes may be used—macaroni, vermicelli, spaghetti. Break the sticks into small pieces. To a quart of scalded milk add one cup of broken macaroni and one teaspoon of salt. Cook in a double boiler until very tender. Add one-half cup sugar, and few gratings of lemon rind. Stir in three well-beaten eggs, turn into buttered pudding dish, and bake in moderate oven thirty minutes. Serve with marmalade or fresh crushed fruit.

**Chocolate Cracker Pudding.** One cup of cracker crumbs, one quart milk, one-half cup sugar, two eggs, two squares chocolate (two ounces), one-quarter teaspoon salt, one teaspoon vanilla. Soak the cracker crumbs in the milk one-half hour. Add salt, sugar, chocolate melted, eggs beaten light, and vanilla. Put in buttered dish and bake in moderate oven until firm. Bread crumbs may be used in place of cracker crumbs, using two cups of stale crumbs. The pudding may be served hot or cold, with a hard sauce, or with whipped cream.

The milk question worked out to its economic conclusion—cheaper

than meat, dearer than cereals, is ready to eat without the aid of fuel or labor of preparation:

Milk at 8c. quart.....	100 calories costs .012
Round steak at 14c. lb.....	100 calories costs .015
Rib roast at 16c. lb.....	100 calories costs .013
Sirloin steak at 20c. lb.....	100 calories costs .020
Oatmeal at 4c. lb.....	100 calories costs .002
Potatoes at 60c. bu.....	100 calories costs .003
Cornmeal at 3c. lb.....	100 calories costs .004
White flour at 2½c. lb.....	100 calories costs .001
Beans (dried) at 4c. lb.....	100 calories costs .002
Peas (dried) at 4c. lb.....	100 calories costs .002
Shoulder of beef at 10c. lb.....	100 calories costs .013

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**RHEUMATIC INFECTION.**—The *New York Medical Journal*, quoting from *The Practitioner*, says: Telling defines true rheumatism, i.e., the rheumatic infection, thus: Practically every one to-day regards it as a bacterial disease, and therefore it can include all and only those morbid conditions which arise as a result of such bacterial infection. It is clear, then, that it is to the bacteriologists we must look in the final event to supply us with the exact limitations of true rheumatism as a clinical entity. Two main views are held at the present day, one, that rheumatism is a specific infectious disease, with, of course, a specific micro-organism, the other denies that the infection is due to a single or specific organism. On this latter view, it has been regarded as an attenuated pyæmia, a pathology which has now but few supporters; and others would regard the soil as the specific element, which means that a variety of organisms may, in specially predisposed persons, bring about the disease. The view that it is a specific infection is that to which bacteriological and clinical research more and more converge. At present there are many pathologists who, while accepting the hypothesis of specificity, assert that the microbe has so far eluded discovery, but, in England, at least, the researches of Triboulet, Poynton and Paine, Beattie, and others have carried conviction to the minds of many that the *Micrococcus rheumaticus*, which they describe, is the cause of rheumatism.

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A MOTHER and boy were out walking one day, when the child noticed that the street was strewed with sawdust, and asked the reason. The mother explained that a baby had lately arrived in the house they were passing. After a moment's thought the boy said, "Well packed, was n't it?"

## NURSING IN MISSION STATIONS



### NOTES FROM SEVERANCE HOSPITAL, SEOUL, KOREA

By ESTHER LUCAS SHIELDS

As I read Miss M. G. Parsons' fine article in the November, 1908, JOURNAL on "Points in Nursing a Fractured Femur in the Home," it interested me very particularly, the details being so carefully written; but instead of hoping to use most of the special directions, and dreading the use of sand-bags and all the discomfort that means to both patient and nurse even with the best of care, I have been grateful for both patient and nurse in our hospital that Dr. Hirst introduced the "improved Hodgen splint" for nearly all fractures of the lower extremities, and the comfort is simply "heavenly" compared to that of any other splint I have ever seen used.

A Korean woman who had a compound comminuted fracture of the femur, followed by septicæmia, has had to spend months in bed, but by the use of the suspended iron frame, with its support of canvas safety-pinned on frame to keep the limb in proper position, she was able to move and be moved, and suffered none of the consequences of immobility.

Another patient had both femurs fractured, so both lower limbs were swung up in a way to provide extension and counter-extension, the weight of the body pulling against the frame because the foot of the bed is elevated, and the patient needed no more pity or care than most of the other cases in the ward.

Dr. George S. Brown, of Birmingham, Alabama, has sent out a reprint from "*Surgery, Gynecology and Obstetrics*, May, 1908, pages 531-543, "An Improved Hodgen Splint for the Treatment of Fractures of the Thigh or Other Painful Affections of the Lower Extremities," in which are clear directions for applying the splint, as well as illustrations and reports of its use. We appreciate very much the great advantages of this treatment over any other that we know.

Our training school for Korean nurses has begun its third year, and we are looking forward hopefully, trusting that we may learn to do really good work. One of last year's graduates from our medical school is translating and giving to the nurses Miss Kimber's "Anatomy and Physiology for Nurses." One of the nurses who knows English is

translating from "Practical Nursing," by Miss Maxwell and Miss Pope,—*"The Qualifications of a Nurse,"* and *"The Care and Comfort of the Patient"* having already been studied by one or more classes.

Three of the other doctors who graduated last summer from Severance Hospital Medical School have also been giving lectures or classes: Dr. Hong Chung Un using a translation of Mrs. Robb's chapter on *"Observations of Symptoms"* as text; *"Drugs in Common Use, and Poisons and their Antidotes"* by Dr. Kim Whe Yung, who has charge of the drug-room; and *"Weights and Measures, Including the Metric System"* was taught by Dr. Shin. Lessons in nursing, Bible, English, and arithmetic also have a place on our program, each grade being limited to a certain number of classes per day. As we have all kinds of cases, the older nurses have had to be given instruction in operating-room and obstetrical work much earlier in their course than is usual, and the pioneer Korean nurses are of good material, for their way has not been an easy one; their patience and kindness and persistence is not to be overlooked. May God grant them increased strength and wisdom to finish their course nobly; and to those to whom He has entrusted their training, such faith and love and skill in guiding and inspiring them that no one shall fail of doing her best work.

Engraved on the edge of the little open-faced watch carried by one of my co-workers,—a gift to her from a deaconess friend,—are the words: *"One more day's work for Jesus."* Is it not a beautiful thought to be brought to one's mind every time the watch is used?

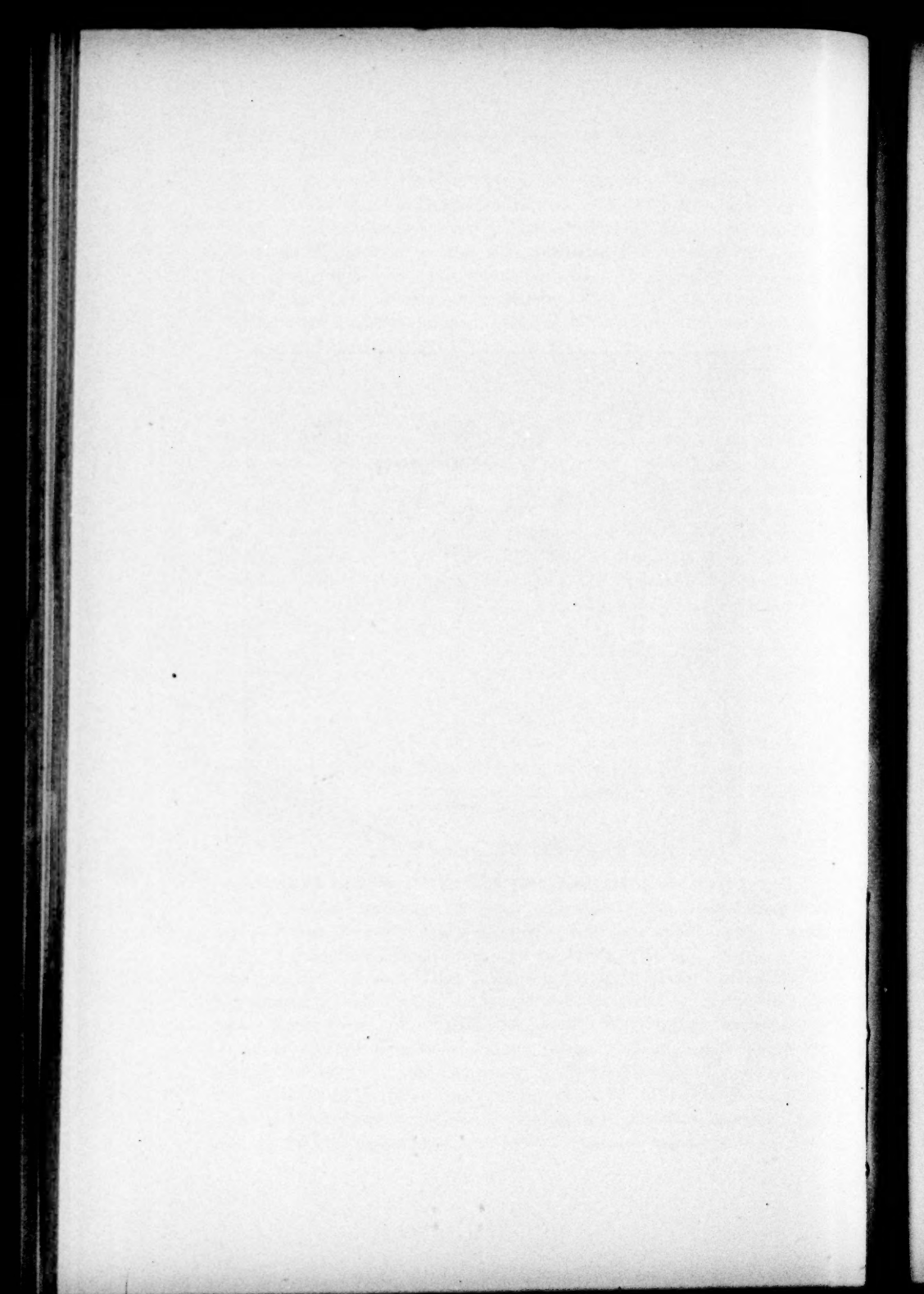
I enclose a photograph of our seven nurses, taken late in December, 1908. Two probationers are very soon to be received as pupils.

It is such a pleasure to receive the nursing magazines. We have organized a *"Graduate Nurses' Association in Korea,"* and hope by having this co-operation, to be able to do better work. The doctors invite us to their association meetings, and that has been of more help than you can imagine to one who used to be rather a lonely nurse, but Miss Edmunds and Miss Morrison and Miss Burpee have dissipated that adjective for me. Dr. Avison, who has been in the medical work in Seoul for about fifteen years, and to whose faith and energy is due much of what has been done, is now on furlough in the United States. We earnestly hope that more nurses may be called to Korea to help forward this work. We may be too ambitious, but I so much need a review of up-to-date material for my nurses, that besides the work on regular text-books, I am beginning to have short articles translated and put into a portfolio, hoping that when we have enough collected we may have them copied on a mimeograph, fastened together, and sent out to our co-workers as a journal, perhaps quarterly.





PUPILS IN SEVERANCE HOSPITAL TRAINING SCHOOL FOR NURSES.



One doctor has already given me a carefully prepared article on the nursing of endocarditis, which is yet to be translated.

You may be interested to know the examination questions which were given on the first six chapters of Miss Kimber's "Anatomy and Physiology" by the Korean doctor who taught the classes.

1. How many distinctive tissues are there in the human body? Write their names.

2. How many bones are there in the human body? And into how many groups are they divided according to their shape?

3. Through what do the bones get their nourishment?

4. How many classes of muscular tissues are there in the human body, and what is the situation of each kind?

5. Are there any other things in the striated muscles besides the muscular fibres? If so, what are they?

6. What is the use of fatty tissue?

7. How is respiration accomplished?

8. How do the articulations keep in action continually without wearing away or making pain?

9. What does physiology teach?

10. What does anatomy teach?

The four highest grades were 96, 84, 80, and 72.

A Journal for Nurses in Korea—its aim: To teach and inspire us to work with increasing skill and devotion, that we may be thoroughly equipped to help those who are sick; to demonstrate the possibilities of hygiene, that people may keep in health, and avoid many preventable diseases; that we may be encouraged; to have ideals and to grow towards them; to be cheerful and to give our best selves and our best services willingly, and to never miss the opportunities to be helpful as we take our one journey through this world.

Remember our mission is not to do what we would most like to do, but to discover what is most needed, and to supply that need. "Go where you are most needed." "Do what must be done." "It is not that I wish to be a better nurse than all other nurses, but I long to be as good as the best can be." "Do all you can to make your patient comfortable and cheerful." "Never let up your fight where Disease and Death are the enemies, so long as there is a spark of life remaining." "It is only in victory that the brave cease to fight."

A hospital motto, from Luke 10: 9, "Heal the sick that are therein, and say unto them, 'The kingdom of God is come nigh unto you.'" This is to be printed in English on the inside cover of every number, and translated into Korean for the other inner page of the cover of each number.

## FOREIGN DEPARTMENT



IN CHARGE OF  
LAVINIA L. DOCK, R.N.

### THE PROGRESS OF WOMEN

As a matter of general information and historical knowledge every woman, whether professional or lay, should read the resolutions passed by the International Woman Suffrage Alliance in London in May just past, as they show in a vivid and striking manner the events going on in the world around us which portend a new era initiated by unprecedented changes in the status of women. We are of the opinion that no woman can afford to be ignorant of these remarkable events, and, as few nurses have the special reports or official paper, "Jus Suffragii" before their eyes, and as the press of the country has almost entirely ignored the proceedings of this remarkable gathering of women, we feel that we are doing a duty to our readers in enabling them to keep up with the march of events as summed up in the following resolutions:

The delegates from 21 countries assembled in London at the 1st Quinquennial Congress of the International Women's Suffrage Alliance, and, representing the organized movement for the franchise throughout the world, unite in the following resolutions:

*Resolved* that we rejoice in rapid growth of the Alliance from 8 national societies at its organization in 1904 to 21 societies in 1909.

*Resolved* that we record with pride two great victories achieved since our first meeting, held five years ago in Berlin; the granting, by two European Countries of the Parliamentary Suffrage to women: Finland in 1906 conferred the Parliamentary vote upon women on the same terms as exercised by men; Norway in 1907 gave the Parliamentary franchise to women, but with a slight tax-paying qualification not required of men, which restriction the Government now proposes to remove,—and resolved that this Congress requests Fru Quam, Representative of the Norwegian Government to convey to her Majesty, the Queen of Norway, its deep appreciation of her gracious message and greeting expressing the hope that the work of the International Suffrage Alliance would be for the good of the home and the happiness of women, and further resolved that we express our firm conviction that



this hope will be fully realized when all countries shall have followed the example of Norway in granting the franchise to their women.

*Resolved* that we congratulate the women of Denmark upon having received in 1908 the municipal franchise and that we congratulate Denmark upon the wise and zealous manner in which the women have exercised it, in the Elections of this year; 70 per cent. of the women of Copenhagen having cast their vote, seven of their number having been elected to its Municipal Council and 7 per cent. of the Municipal Officers elected throughout the Country having been women.

*Resolved* that we congratulate the women of Sweden that the tax payers' municipal suffrage, exercised by single women for nearly fifty years, has now been extended to married women, and that both have been made eligible to all offices for which they can vote.

*Resolved* that we congratulate the women of Iceland upon having also been made eligible for the Municipal Offices for which they have long had a vote, and upon the election of 4 of them to the Council of the capital Reykjavik, also upon the appointment of a new Minister of State who is an ardent advocate of Women's Suffrage; that a Petition for Women's Suffrage has been signed by a majority of all the women of Iceland and that their Parliament has promised to grant it in a very short time.

*Resolved* that we congratulate the women of France on the first recognition of their right to the Suffrage, they having been made eligible to sit on Boards of Trade and when thus elected, obtaining thereby the right to vote for Tribunals of Commerce.

*Resolved* that we congratulate the women of Germany that by a law securing the right to join and to form political organizations throughout the Empire, the women of all but three German States have, within a year, succeeded in organizing Women's Suffrage Societies and affiliating them to the National Union of Societies.

*Resolved* that we congratulate the women of Italy upon the success of their first Congress of Women where Women's Suffrage resolutions were carried with enthusiasm; and upon the cordial support given to this question at the recent Parliamentary elections. And we congratulate the Women of Italy, Switzerland, France, Belgium, Hungary and Servia on the formation of National Women's Suffrage Associations within the past four years, and we protest against the law in Austria which forbids the formation of such associations.

*Resolved* that we express our sympathy with the Russian women, who, under such terrible conditions, have to fight for their own rights and for those of their whole people. We record with satisfaction that they

were permitted, though under serious restrictions, to hold a large and successful Congress of Women in December, 1908.

*Resolved* that we learn with pleasure that in the general movement towards freedom in Turkey a demand has arisen from women for some voice in their Government, which we hope the Young Turk party may grant.

*Resolved* that we congratulate the women of the *Netherlands* that in 1905 a State Committee of seven prominent men of all parties, having been appointed by the Government to consider the revision of the Constitution, by a vote of 6 to 1 recommended removing from it all obstacles to eligibility for women; that the Government soon after brought in a bill wherein the suffrage and eligibility for women were made possible, which was not proceeded with only because the Government went out of power; and that it is undoubtedly only postponed.

*Resolved* that we congratulate the women of Bohemia on having made use of their old constitutional right, although limited by many qualifications, to vote in elections for some town-councils and for the Bohemian Diet, and also on having women candidates put up for the Diet in some constituencies, which we hope may result in their being elected.

*Resolved* that we congratulate the women of South Africa that in two States out of the three belonging to its National Suffrage Association—Cape Colony and the Transvaal—they have already received the municipal franchise and that a bill for this purpose passed the Parliament of Natal last year; that the political leaders are in sympathy with the movement and that there is ground for hope that the first Parliament of a United South Africa will grant to women the parliamentary vote.

*Resolved* that we remember with deep satisfaction that the women of New Zealand have now enjoyed full enfranchisement for 16 years and are continuing, by their wise and faithful performance of their duties as voters, to show the world how well fitted they are for the privilege and how much the Government has profited by their co-operation. Further, we rejoice in the completion of the enfranchisement of women in Australia by the granting of State Suffrage to them in Victoria last November. The women by their general and efficient use of the vote have so demonstrated their fitness for it that the experiment begun in 1894 has now culminated in the granting to them of every State and Federal Suffrage exercised by men. The fact that in a whole vast continent all citizens have an equal representation must encourage the women of other lands in their struggle to break down the unnatural barrier raised by unequal franchise laws.

*Resolved* that we rejoice that in the United States of America within the last few years there has been such an awakening of women to the necessity of the suffrage as never has been known; that they realize as never before the injustice of their disfranchisement in a nation founded on individual representation and that scores of their associations for other purposes are now demanding the suffrage; that within the past two months 1000 representative women of New York appeared before their Legislature in behalf of the bill for woman suffrage, 1600 in the State of Illinois and 2000 in Massachusetts; that the organizations of working men, almost without exception, declare in favor of votes for women; that the press gives far more notice and approval of this subject than ever before; that in three states—Washington, Oregon and South Dakota—the question has been submitted to be voted on in 1910 and that all signs point to victory.

*Resolved* that we hear with pleasure of the recent action of the City Council of Toronto in petitioning the Dominion Parliament for the full enfranchisement of women and that on the day when the question was to be discussed 1000 women went on a deputation to the Premier at the Parliament House to support the petition.

*Resolved* that we congratulate the women of Great Britain upon being made eligible in 1907 to serve as County and Borough Councillors and as Mayors and Provosts; and upon the election of one as Mayor, and a number as Councillors. We record with satisfaction that Women's Suffrage in Great Britain is now a subject of practical politics as shown by the interest evinced by electors in the subject, and by the organized opposition to the movement, which marks the recognition of the advance that has been made.

The huge and continuous increase in the membership of all the Women's Suffrage organizations and the adherence to the movement of bodies of women engaged in various fields of work (representing nearly a million organized women) show that women of education and of practical experience and responsibility in all classes of life are united in demanding a direct share in the government of their country.

*Resolved* that we cordially welcome the formation in various countries of men's leagues for Women Suffrage, actuated by a genuine love of justice and a purely unselfish purpose, thus for the first time bringing the force of direct political power into the service of our movement.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

**HARMFUL AND BENEFICIAL EFFECTS OF FEVER TEMPERATURE IN INFECTIOUS DISEASES.**—The *New York Medical Journal*, quoting from a German contemporary says: Rolly, in his experiments with animals infected with pneumococci, staphylococci, colon bacilli, and pyocyanus bacteria, found that an increased temperature exerted a favorable influence upon the course of the disease and increased the phagocytosis. He also found that the vasomotor weakness was caused by the infection itself and not by the rise in temperature. Agglutinin is produced more rapidly and in greater quantities in rabbits when the animals are kept in a room 11° to 13° C. hotter than another containing the control animals, and the production of antitoxin and of bacteriolysin is favored by the fever temperature. Finally he declared that, taken all in all, the increase of temperature, if within moderate limits, is a process which presents more beneficial than harmful effects. We recognize in the onset of the rise in temperature the endeavor on the part of the organism to throw out more quickly and efficiently the bacteria that have entered, or the poisonous material, or to neutralize the latter.

**OLDEST HUMAN SKELETON.**—Reinhardt describes in the *Münchener Medizinische Wochenschrift* a skeleton recently discovered which is supposed to be that of a prehistoric man, older than any other now known.

**EXERCISE IN PULMONARY TUBERCULOSIS.**—In the *Boston Medical and Surgical Journal* B. Swayne Putts extols the value of "working colonies," such as exist in some of the English sanatoria. The objects of these colonies were (1) to bring the patients, under careful medical supervision, to such a physical condition that when they return to work again the change will be so slight that their lungs will not be affected; (2) to instruct many patients in a new (to them) occupation, which they follow after leaving the institution and which promises to be more conducive to health than their previous employment, and (3) to utilize the economic value to institutions by having the patients do work which will bring in returns. In introducing such a system, patients should begin on light work and gradually increase in time spent and in the



severity of the work up to the limit of safety. In considering exercise we should consider it with reference to the lungs alone and then with reference to the whole body. We have the right to consider exercise separately, for the reason that we have factors whose effects are limited, essentially, to the movements of the lungs. When we place a patient in bed for a long period we are allowing the muscles to atrophy and are thus interfering with convalescence by destroying part of one of the largest organs and one second only to the liver in the nitrogenous metabolism. Some moderately febrile patients can work with benefit. In some tuberculous patients the heat-regulating centres are abnormally sensitive. Besides the actual increase on the lung disease as a cause for fever, we should consider as a potent factor the actual heat produced during exercise by muscular contractions and increased circulation, and as well the chemical changes which normally are the chief source of body temperatures. Each case must be treated individually.

**THE PREVENTION OF TYPHOID FEVER.**—An interesting article by C. W. G. Rohrer in the *Maryland Medical Journal* is thus summarized: (1) Typhoid fever is both infectious and contagious. The old dogma that typhoid fever is infectious but not contagious has slain its thousands and tens of thousands. (2) Two-thirds of the cases of typhoid fever are due to infected water supplies, one-sixth of the cases are due to infected milk, and the remaining one-sixth to flies, direct contact, and other means of contagion. (3) In the United States 50,000 persons annually are massacred by typhoid fever. In the state of Maryland alone nearly 500 deaths each year are due to typhoid fever. (4) Every case of typhoid fever comes from a pre-existing case of typhoid fever; hence complete and thorough disinfection of all excreta is the first step toward prevention. By so doing we strike at the fountain head of the disease. (5) "Food, fingers, and flies" offers an alliterative explanation of much of the hitherto unaccounted-for typhoid fever—the so-called proëdemic typhoid. (6) When typhoid fever is raging there is safety in boiled water, pasteurized milk, and cooked vegetables and fruit. Pasteurized milk is heated to 160° F., kept at that temperature for ten or fifteen minutes, and then quickly cooled.

**BATHING WITHOUT WATER.**—The *New York Medical Journal* in an editorial recommends that when a daily bath is an impossibility the body may be energetically rubbed with a brush or coarse Turkish towel, and afterwards exposed to the air for fifteen minutes. It is a question whether much of the benefit attributed to water does not arise from the complete exposure of the skin to the air.

**TREATMENT OF BOILS.**—The *Medical Record* says: Many more or less elaborate methods of treating boils are employed, but the most common one is probably the application of heat by a poultice or one of its more cleanly substitutes, followed by an incision and the forcible evacuation of the pus. When a crop of boils follows, as it often does if poultices are used, resort is had to calcium sulphide or some other form of constitutional treatment, or to the latest refinement of an autogenous vaccine preceded by the estimation of the opsonic index. Jackson's treatment is to puncture the boil, when it points, by a sharpened stick wound round with a little absorbent cotton dipped in 95 per cent. carbolic acid; he then washes the surrounding skin with peroxide of hydrogen or a sublimate solution, and applies a salicylic acid ointment. The result is a cure obtained safely, quickly, and pleasantly, because simply.

**HELP THE MOTHER NURSE HER CHILD. A PLEA TO PHYSICIANS NOT TO BEGIN ARTIFICIAL FEEDING WITHOUT FIRST TRYING TO HELP THE MOTHER MAINTAIN HER MILK SUPPLY.**—Dr Maurice Ostheimer, of Philadelphia, read this paper at a meeting of the American Medical Association, and drew the following conclusions: 1. The fact that all women were able to nurse their children appeared to be forgotten recently since artificial feeding had proved so successful. 2. Physicians were advised to prepare, encourage, and aid every pregnant woman to nurse her child. 3. During pregnancy it was necessary that attention be paid to breasts, exercise, fresh air, sleep, regular bowel movements, correct food, and plenty of water. 4. After confinement the mother was instructed to take two or three quarts of water daily, cornmeal and gruel between meals, and perhaps milk, cocoa, iron, and brown stout. 5. When this was correctly carried out the mother was enabled to nurse her child to nine or ten months, at the end of which time diluted cow's milk was given from a cup. 6. By this method no bottles or nipples were required. 7. The treatment was only contraindicated in advanced tuberculosis in the mother and in those nervous women who continued to grow stout on it without improvement of their breast milk supply.

#### CURRENT LITERATURE OF INTEREST TO NURSES

*New York Medical Journal*, June 12, "Diet as a Prophylactic and Therapeutic," H. W. Wiley; June 19, "Some Practical Lessons from the Study of Weakened Feet," John M. Berry. *Medical Record*, June 5, "Sewage Disposal for Small Towns," Editorial; June 12, "Some Coroners' Cases," Philip F. O'Hanlon; June 19, "The Conquest of the Tropics for the White Race," W. C. Gorgas. *Maryland Medical Journal*, June, "The Prevention of Typhoid Fever," C. W. G. Rohrer.

## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

### THE MARYLAND CENTRAL DIRECTORY

DEAR EDITOR: The Medical and Chirurgical Faculty of Maryland, an organization founded in 1799 to include all the medical societies existing in the state, celebrated its 110th anniversary by the formal opening and dedication of its large and very beautiful building just finished at 1211 Cathedral Street, Baltimore. The exercises were held Thursday, May 13; most of the chief physicians of the United States were present, and many made addresses, including Dr. Osler, who came from England for the occasion. The building contains a large library and reading rooms; assembly, committee and lecture rooms, clinical laboratory, kitchen and serving rooms, dining hall, reception rooms, offices, etc.; and an immense assembly hall built by the Osler Memorial Fund and named Osler Hall. On the top floor is an apartment of several rooms and bath for the residence of Miss Noyes, the librarian.

Of especial interest to all nurses in Maryland is the fact that two rooms on the ground floor are set apart for, and rented to, the State Association of Nurses. Here, besides desks and other furniture, are bookcases, a complete bound set of the *AMERICAN JOURNAL OF NURSING*, and an engraved copy of Cecilia Beaux's portrait of Miss Nutting; and here, it is hoped, will eventually be established a central directory for all the nurses of the city. The recent developments of this movement are interesting and significant and are as follows:

The Medical and Chirurgical Faculty, in some of the meetings of the past year, proposed and discussed establishing themselves in this new building, a central directory for nurses which should be under the control of the Faculty, as has been previously done by doctors in some other cities. This suggestion was opposed by some of the leading practitioners whose objection lay along two lines, (1) that nurses should manage their own interests without interference from doctors, and (2) that the doctors by thus taking control of nurses would be responsible for them and would have to receive complaints against them, arbitrate differences, etc. These doctors thought that this state of affairs would be contrary to the best interests of both professions. This was a large-minded view; but the indications are that the Medical and Chirurgical Faculty would, notwithstanding, have attempted to establish the directory, had it not been for the timely action, in the "psychological moment," of the State Association of Nurses. This association at its meeting of January, 1909, gave most of its time to the central registry question and both sides were defended by nurses who spoke with the clearness and courage of their convictions. By a rising vote it was found that the meeting was overwhelmingly in favor of establishing a directory as soon as possible; but it is to be noted that the meeting was a small one and not at all representative of its own membership. Those present were chiefly nurses connected with institutions or some branch of philanthropic work, and these have proved themselves to be usually in favor

of the directory; there were comparatively few private duty nurses present, and it is the private duty nurses who are especially concerned in this movement and who, in Maryland, are nearly all opposed to it. At this meeting slips were distributed among the members inviting them to become shareholders in a stock company which should establish and manage the directory. Some money has been secured in this way, but only a small part of the amount necessary; and the whole idea remains as unpopular as ever; the members of the various alumnae registries opposing any change. It is a rather amusing coincidence that at this same meeting a sum of money, as large as the treasury of the association would allow and increased by many individual contributions from members, was presented by the association to the Medical and Chirurgical Faculty to help in paying for the new building which was dedicated May 13. This was given in acknowledgment and grateful appreciation of treatment which physicians have given nurses free of charge; and as an expression of the very cordial and friendly relations which exist between the two professions in our state.

✓ This was the stock-company organization which was referred to in an editorial in the June number of the *AMERICAN JOURNAL OF NURSING*. Since this, announcement has been made that "the position of registrar for the central directory to be opened in the Medical and Chirurgical Building under control of the State Association of Nurses, is open to applicants"; but so far as we know there have been no candidates for the place. Many nurses who believe firmly in the central directory idea feel very strongly that this all-important position should not be held by any nurse whatever, but by a business woman taken from outside. The registrars of existing alumnae registries do not entirely escape accusations of partiality, favoritism, and suppression of names. It is held that the dissatisfaction, whether just or not, would be much increased if a graduate of any one school conducted a registry of graduates from all schools. It is quite certain that no plan yet put forward, in print or speech, could eliminate the tremendous power for, and temptation to, unfairness and injustice on the part of the registrar,—unfairness and injustice which might be quite unconscious, which might even arise from conscientiousness, and yet amount to plain dishonesty. The writer feels quite sure that the objection of most Maryland nurses who are opposed to the central registry arises from a conviction that no person could be found who would be satisfactory, not only to the managing committee and to the public, but to the army of private nurses whose destinies she would control.

In May the Johns Hopkins Nurses' Alumnae Association held its annual meeting, and the registry question was reopened, with a fair number of supporters present. When, however, the statement was clearly made that to open a registry in the Medical and Chirurgical Building as proposed would mean closing the club-house on North Avenue and breaking up the home and social life there; and when a vote was called for on that basis, only two nurses voted in favor of the change. These two were persons doing institution work, never living in the club-house, and in no way attached to it—or dependent upon it for home life. It will be long before Johns Hopkins nurses, working in Maryland, take any action which will abolish their club; it is professional headquarters for all, a social centre for many, and the home of a large number. As is clearly shown, even the earnest advocates of a central registry are not



willing to accomplish their object at such a cost; and this is significant, since the central directory plan originated in, and has been chiefly promoted by, the Johns Hopkins members of the state association. No doubt this same condition exists in other alumnae associations in Maryland; no doubt the breaking up of present centres of professional and home life seems too grave a matter to be entered into lightly and unadvisedly, and is one reason that the central registry idea has few adherents among private duty nurses, no matter from what school they graduated.

This is the present situation in Maryland. Those who earnestly believe in the inherent justice and *rightness* of the idea are still confident of eventually developing a directory in the beautiful Medical and Chirurgical Building, which shall meet the approval of all factions; but this will come when the whole body of nurses wish it, and not before. When the work requires it, living apartments for the registrar will be provided in the building as for the librarian.

Whatever the outcome, Maryland nurses owe a debt of gratitude to the doctors who have given us a place in their handsome headquarters, and whose generous, fairminded co-operation has allowed us to keep in our own hands one of the most important of all nursing matters. The issue may not be so satisfactory in all places, however, and this review of Maryland affairs is written as a warning and encouragement to nurses in other cities who are still hesitating, as we are here, over the central directory question.

A MARYLAND NURSE.

#### RELIGION AS A FACTOR IN THE NURSE'S SUCCESS

DEAR EDITOR: In the early days of training schools, their work was taken up almost entirely by women of philanthropic aims, women of deep thought and sober lives, who looked upon their work of nursing the sick as a means of service to humanity. Gentle, kind, enduring, self-sacrificing, finding reward in, rather than for, their work.

As the years have wrought such colossal changes in the systems and methods of administration of training schools, changing the sometimes crude and unscientific work of former years into the skilful accomplishments of the training schools of to-day, have they not in no less degree altered the standard and characteristics of the nurse herself? How does the finished product of an educational basis compare with her professional predecessor in all those qualities that have made the name of "nurse" almost as sacred and revered as that of "a Sister of Charity"?

It would almost seem that the strenuous training of to-day was repressing all the individuality of our nurses, making them appear indifferent and mechanical in their services to others, quite dispelling that beautiful sense of "ministering" unto others, even though they do receive financial reward.

But the moral responsibility, apparently, is left off the lengthy curriculum, and the religious life of the average pupil nurse seems to be at low ebb. Three years make a great hole in one's youth, and the girls must be admitted while comparatively young,—many coming, for the first time, from God-fearing homes,—but the stress of long hours of work and study, together with association with more worldly-wise companions, tends to make them forget their religious duties, and the side of their life that ought to be enlarged to meet the future demands of their work is utterly neglected and left to starve and shrivel out of sight.

The valuable extra time "off duty" given on Sundays in all large hospitals is not always used to good advantage, frequently being spent in "outings" from which the nurse returns jaded in mind and body, unfitted for the coming day's work, and deriving no spiritual benefit from the beautiful, God-given day of rest, with its golden opportunities of mental and physical rest and refreshment.

What stress is laid upon the necessity of regular hours of sleep, and regularity at meals, to sustain the body! But who says to the young nurse, just beginning her training, to be faithful in her church attendance when opportunity offers, to be like Daniel in the King's Court—"to cease not daily to make his oblations unto God" and to "remember the Sabbath Day to keep it holy."

Too often the plea of "no time" or "too tired" is advanced as excuses. But who so tired, or busy, they could not attend ball or theatre should opportunity be given? Both are very commendable and refreshing for the light-hearted girl who is working hard, but not to the exclusion of the more serious duties, for who has to give of her cheerfulness, her courage, her mental support, together with physical efforts like the nurse? Therefore, who requires more renewing in all these lines?

While we all appreciate the necessity of a methodical, business-like nurse, yet there is a danger of her becoming too much so, to the repression of the gentle traits that are so essential in a womanly nurse.

And, after all, whose heart so sympathetic, whose feet more willing, or whose hands more gentle than she who sees in all humanity that Master who said to the faithful servant, "I was in prison and ye came unto me, naked and ye clothed me, sick and ye ministered unto me." H. H.

#### AN OPINION OF THE EMMANUAL MOVEMENT

DEAR EDITOR: At a convention of the Episcopal Church held in Boston in May, there was much discussion of Dr. Worcester's work at Emmanuel Church. One minister opposed its practice on the ground that "the Church, by trying to do work which it is not fitted to do, loses its power to do the work it is fitted and intended to do," and closed his argument with the following hearty tribute:

"The Emmanuel Movement has taught, as nothing else ever has, the necessity of a doctor's being a consecrated and religious man. I venture to predict that almost within ten years' time every doctor or nurse, who is not clearly a very religious person, will be discredited, no matter what the professional or technical skill." R. B. S.

#### THE FOOD PROBLEM IN THE COUNTRY

DEAR EDITOR: As a reader of the JOURNAL, I was much interested in the article in the June issue entitled "The Cookin' Lady."

Although I have done but a small amount of private work, most of it has been done among the farmers of this locality, where I have often been for twenty-four hours, or to assist at an operation. I have found that their food, as a rule, is neither palatable nor nutritious. My statement will perhaps hardly be credited when I say that their food supply consists of round steak, fried to a crisp, and boiled tea. They have, to be sure, the food material, but it is not wisely or intelligently used. I have been on farms where they had

a large herd of dairy cows and only a small amount of skim milk was kept for the family use, the remainder being sold to the creamery. Eggs are fried or boiled hard. To fry them, about an inch of lard is put in the frying pan, in which the eggs are literally poached. Bacon and salt pork are the chief articles in the meat line, with an occasional chicken which is too tough to sell. When I have asked for milk for myself instead of the boiled tea I was considered mentally irresponsible.

The farmers have good vegetables right at their door, but the majority of them boil string beans with bacon or salt pork, and persist in wilting lettuce, a truly diabolical method of preparing the crisp green leaves, by frying with bacon and pouring vinegar on the whole.

I believe that nurses living in the centre of a farming community have as much to do with teaching people food values as our sisters in large cities. Our tubercular rate is high, also anæmia and other diseases resulting from in-nutrition.

M. B. N.

## NURSING NEWS AND ANNOUNCEMENTS



### NATIONAL

RESOLUTION passed at the annual meeting of the Society for the State Registration of Trained Nurses held in London, May 29, 1909:

"That hearty congratulations be sent to the nurses in the eight states of the American Union the legislatures of which have, during this session, passed bills for the registration of nurses."

MRS. DITA H. KINNEY, superintendent of the Army Nurse Corps, U.S.A., has resigned the position and will spend a month in California with friends. Her successor has not yet been appointed.

THE HOSPITAL ECONOMICS visiting instructors and graduates were entertained at breakfast by the Minneapolis members on Thursday morning, June 10. The following were present: Mrs. Robb, and the Misses Nutting, Dock, Goodrich, Alline, 1900, Kelly, 1904, Ahrens, 1904, Balcom, 1904, Smith, 1906, Wright, 1905, Erdman, 1909, Hayes, 1908, Muhs, 1907, Perrin, Markham, and Wheeler, 1904. It was only one of the many enjoyable courtesies shown the visitors and was thoroughly appreciated. May these "togethers" occur frequently at the national meetings, is surely the wish of all those who had the pleasure of attending.

THE AMERICAN RED CROSS on June 19 received from the Italian Red Cross a beautiful gold medal and diploma as tokens of appreciation of the assistance rendered by America after the earthquake in Sicily and Calabria. The presentation was made with appropriate civilities by R. Laverena, president of the Italian Red Cross, to W. H. Taft, president of the American National Red Cross.

### MASSACHUSETTS

Boston.—THE GRADUATING EXERCISES of the Training School for Nurses at the Long Island Hospital, Boston Harbor, took place Thursday, June 24. The program was long and varied. Dr. James J. Minot, president of the visiting medical staff, made the address and his honor the mayor of Boston presented the diplomas. There were twelve graduates.

GEORGIANA J. SANDERS has been appointed by the Trustees of the Massachusetts General Hospital as superintendent of nurses, to succeed Pauline L. Dolliver. Miss Sanders is a graduate of the Manchester General Children's Hospital, Pendlebury, England. She has been four years superintendent of nurses at the Polyclinic Hospital, Philadelphia, Pa.

Westfield.—THE NOBLE HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises June 4, six nurses receiving diplomas.

### CONNECTICUT

Hartford.—M. WINIFRED AHN, superintendent of the training school of the Bridgeport General Hospital, Bridgeport, has been appointed by Governor Frank B. Weeks, of Connecticut, on the Board of Examination and Registration of Nurses, for the unexpired term of Mary L. Bolton, who has removed to New York City.



THE CONNECTICUT STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES held an examination, on June 16, which consisted of the following questions:

**Anatomy and Physiology.**—1. (a) Name the bones of the upper extremity. (b) Describe one. 2. (a) How are the muscles attached to the skeleton? (b) What is meant by the terms, origin, insertion? 3. (a) Describe briefly the circulation of the blood. (b) What changes take place in the blood as it passes through the lungs? (c) Through the muscular tissue? 4. Describe the heart. 5. (a) What organs are found in the thoracic cavity? (b) Name the membrane which covers the lungs. 6. Name the organs concerned in digestion. What is digestion? 7. (a) Name the artery which carries venous blood; (b) the vein which carries arterial blood. 8. (a) Name the largest gland in the body; (b) what is its chief function? 9. Name the four principal parts of the brain. 10. Name the membranes which cover the brain.

**Medical Nursing.**—1. What is the incubation period of typhoid fever? When does the rash or rose spots appear? 2. Give nursing care of typhoid fever. 3. (a) Describe your method of getting fever patient up in chair for first time. (b) How long would you let fever patient sit up for the first time? 4. How would you make a patient comfortable for the night? 5. (a) What is the average amount of urine secreted in twenty-four hours by a healthy adult? (b) In what disease is the quantity of urine increased? (c) In what disease diminished? 6. In what cases do you consider it necessary to measure urine daily? Why? 7. How would you care for a child suffering from convulsions, in the absence of a physician? 8. How would you prepare a room for a contagious case? 9. Describe your method of giving simple cleansing enema. 10. How would you give a bladder irrigation?

**Surgical Nursing.**—1. A patient with a fractured thigh has to be removed to the hospital; how would you apply a temporary splint? 2. On what part of the body are bed-sores most likely to occur with a case of fractured thigh? What measure can you take to prevent them? 3. What precautions must be taken in the sterilization of cutting edge instruments? 4. What would be the after-care of a patient who has had perineorrhaphy? 5. How long should a patient remain in bed after a perineorrhaphy operation? 6. What is a laparotomy operation? 7. Differentiate between the symptoms of internal hemorrhage and shock. How would you treat shock until the physician's arrival? 8. What are the prominent symptoms of inflammation? 9. Name and describe two positions used in gynecological operations. 10. State the simple measures you would use to check vomiting after anesthesia.

**Obstetrical Nursing.**—1. Describe briefly the changes which take place in the femal generative organs during pregnancy. 2. What is the duration of pregnancy; and how would you determine the probable date of confinement? 3. What general care would you give to the pelvic organs prior to labor? 4. Describe the stages of labor, and outline nurse's duties during each. 5. What special care would you give a patient immediately following delivery? 6. Define placenta previa, and tell how you would care for a case until a physician arrived. 7. Give symptoms of puerperal septicemia. 8. What diseases would you avoid prior to and during your engagement to care for an obstetrical case? 9. Outline your care of an infant for the first week. 10. Give one formula for modified milk; and give your care of nursing bottles and nipples.

*Dietetics and Home Sanitation.*—1. Name the different classes into which food may be divided. 2. Name two animal and two vegetable foods which contain fat. 3. Prepare a day's menu for a patient, excluding starchy foods as far as possible, while giving a variety. 4. What useful function may be performed by the indigestible parts of vegetables? 5. Show why a mixed diet is advisable. 6. Give one method of predigesting milk. 7. Prepare a day's menu of at least six meals for a patient with mild fever, excluding milk, but giving as much variety as permissible in a fluid diet. 7. What are sweetbreads, and how would you prepare and serve them? 8. Why is a thorough cooking especially important in cereal foods and not in flesh foods? 9. Write the rules for preparing three desserts you would use in feeding a typhoid fever patient during convalescence. 10. Give a list of fruits you would recommend for their laxative effect.

Norwich.—NINE GRADUATE NURSES of the Wm. W. Backus Hospital Training School met with the Ladies' Advisory Board at the nurses' home on May 1, 1908, to consider the advisability of organizing a nurses' alumnae association. As all present were in favor of such an association it was decided to organize at once. Officers were elected and a committee of three appointed to notify absent graduates and report to them the results of the meeting. This first annual meeting of the Wm. W. Backus Hospital Alumnae Association was held in the nurses' home Wednesday afternoon, June 9. It was decided to make it wholly a social event. The meeting was called to order and opened with a prayer by the president, Fredrica Roos. At the close of the meeting a dainty luncheon was served and a social hour much enjoyed by all. There were present about twenty-five graduate nurses. The association wishes to take this opportunity to thank all those invited for their kind and prompt response to the invitations.

## NEW YORK

## THE HOSPITAL ECONOMICS DEPARTMENT, TEACHERS' COLLEGE

## COLUMBIA UNIVERSITY, NEW YORK

*Contributions to Endowment Fund from November, 1907, to Date*

German Hospital Alumnae, New York.....	\$ 25.00	
Mrs. Bertha Frank, Baltimore.....	200.00	
National Homeopathic Alumnae, Washington, D. C.....	100.00	
Graduate Nurses' Association of West Virginia.....	50.00	
Miss Helen Scott Hay.....	5.00	
Illinois State Association.....	111.00	
Illinois Training School Alumnae, Chicago, Ill.....	100.00	
Miss M. D. Rogers and Miss McKeel.....	20.00	
Through Miss G. J. Saunders:		
Jewish Hospital Alumnae.....	\$ 10.00	
Miss Brent .....	10.00	
Miss Ada Payne .....	10.00	
Miss Donahoe .....	10.00	
Miss M. E. P. Davis.....	10.00	
Miss Edith Madeira .....	5.00	
Miss Garrett .....	5.00	60.00

Miss Bertha M. Smith .....	5.00	
West Pennsylvania Alumnae Association .....	50.00	
Miss A. Goodrich .....	100.00	
Miss M. Woody .....	5.00	
Graduate Nurses' Association of Pennsylvania .....	100.00	
Hope Hospital, Fort Wayne, Indiana .....	100.00	
New York Hospital Alumnae, New York City .....	200.00	
New York Hospital Alumnae, New York City .....	103.00	
Through Miss A. L. Alline, Treasurer Superintendents' Society .....	584.58	
Previous Contributions:		

Miss Walker .....	\$ 10.00	
Miss Lurkin .....	50.00	
Miss Maxwell .....	10.00	
Miss Grace Anderson .....	5.00	
Miss Stewart .....	5.00	
St. Luke's Alumnae, Chicago, Illinois .....	25.00	
Massachusetts State Association .....	100.00	
Massachusetts Homœopathic Alumnae .....	50.00	
Individual Members Massachusetts Homœopathic Alumnae .....	14.25	
Boston City Hospital Alumnae .....	100.00	
Mrs. Quintard .....	25.00	
Miss Eugenia Ayres .....	25.00	
Pennsylvania Hospital Alumnae .....	160.00	
Worcester Memorial Alumnae .....	25.00	
Graduate Nurses' Association of Connecticut .....	100.00	
Children's Hospital Alumnae Association, Washington, D. C. .....	100.00	804.25
Interest on Amount in Brooklyn Savings Bank .....	44.36	

## Through Miss Anna Davids, Treasurer Associated Alumnae:

Allegheny General Hospital Alumnae Association .....	\$ 52.00	
Brooklyn Hospital Alumnae Association .....	50.00	
Blessing Hospital Alumnae .....	25.00	
Battle Creek Alumnae Association .....	115.00	
Cleveland Graduate Nurses' Association .....	25.00	
Connecticut State Nurses' Association .....	50.00	
Germantown Hospital and Dispensary Alumnae Association .....	25.00	
Grant Hospital Alumnae Association .....	25.00	
Indianapolis Graduate Nurses' Association .....	100.00	
Illinois State Nurses' Association .....	100.00	
Lakeside Hospital (Cleveland) Alumnae Association .....	50.00	
Lafayette (Indiana) Graduate Nurses' Association .....	25.00	
Mt. Sinai Hospital Alumnae Association .....	100.00	
Massachusetts State Nurses' Association .....	100.00	
New England Hospital for Women and Children Alumnae Association .....	25.00	
New York City Training School Alumnae Association .....	100.00	
New York State Nurses' Association .....	250.00	
Roosevelt Hospital Alumnae Association .....	50.00	
Wesley Hospital Alumnae Association .....	50.00	

Miss Alice Aberne .....	3.00
Miss Elizabeth Burgess .....	3.00
Mrs. N. F. W. Crossland .....	3.00
Miss M. E. Decker .....	5.00
Miss Agnes G. Deans .....	2.00
Miss N. Gillette .....	3.00
Miss May Gentry .....	3.00
Miss Ida F. Giles .....	3.50
Miss E. E. Golding .....	3.00
Miss Jeanie Jordan .....	5.00
Miss S. F. Palmer .....	5.00
Miss A. E. Reece .....	3.00
Miss Mary B. Sollers .....	3.00
	<b>1361.50</b>
Minnesota State Nurses' Association .....	100.00
Connecticut Hospital Training School Alumnae .....	22.00
Connecticut Hospital Alumnae Association .....	6.00
Virginia State Nurses' Association .....	55.00
Virginia Nurses' Association .....	37.50
Virginia Nurses' Association .....	25.00
Illinois State Nurses' Association .....	100.00
St. Luke's Hospital Alumnae, New York .....	300.00
Missouri State Nurses' Association .....	500.00
Miss Louie Croft Boyd .....	5.00
Denver Trained Nurses' Association .....	35.50
Columbia and Children's Alumnae, Washington, D. C. ....	100.00
Miss Edith Ambrose .....	5.00
Miss Clare L. De Ceu .....	10.00
Episcopal Hospital Alumnae Association, Philadelphia .....	100.00
St. Luke's Alumnae, Richmond, Virginia .....	25.00
Michigan State Nurses' Association .....	500.00
Bellevue Hospital Alumnae, New York .....	150.00
Bellevue Hospital Alumnae .....	100.00
Bellevue Alumnae .....	100.00
Bellevue Alumnae .....	250.00
Bellevue Alumnae, Individual Members: Miss Nash, Miss Perkins, Miss Keating, Miss Rhodes .....	20.00
Salem Hospital Alumnae, Massachusetts .....	50.00
Miss Harriet Fulmer .....	10.00
Miss M. E. Kershaw .....	5.00
Miss M. C. Packard .....	10.00
Miss N. L. Flanagan .....	10.00
Miss Lucy Ladd .....	10.00
Miss N. J. Lockland .....	10.00
Miss Eliza B. Gray .....	10.00
Alumnae Association Hospital of the Good Shepherd, Syracuse, N. Y. ....	25.00
Miss G. Anderson .....	2.00
Alice Fisher Alumnae .....	100.00
Dane County Nurses' Association, Wisconsin .....	20.00



Georgia State Nurses' Association .....	50.00
Woman's Hospital Alumnae Association, Philadelphia .....	25.00
Miss Annah Winn .....	5.00
St. Vincent's Alumnae .....	50.00
University Hospital Alumnae, Kansas City .....	15.00
Miss M. Gladwin .....	2.00
Miss Katherine Newman .....	25.00
Children's Hospital, San Francisco .....	25.00
Miss Rhodes .....	5.00
Miss Mary Sweeny .....	10.00
Miss Frida Hartman .....	3.00
The Misses Corey (each \$5.00) .....	10.00
Miss Cameron .....	5.00
Union Protestant Alumnae Ball .....	25.00
Presbyterian Hospital Training School .....	200.00
Presbyterian Hospital Alumnae .....	25.00
Miss J. S. Cottle .....	4.00
Rhode Island Alumnae .....	50.00
Interest on One Share Journal Stock, Miss A. L. Alline .....	3.00
Nurses of Colorado .....	49.10
Maine General Hospital Alumnae .....	50.00
Graduate Nurses' Association of New Hampshire .....	100.00
Graduate Nurses' Association of Indiana .....	100.00
Graduate Nurses' Association of Indiana .....	15.00
Individual Members of Baltimore City Alumnae through Mrs. W. L. Nichols .....	19.00
Methodist Episcopal Hospital Alumnae .....	50.00
Church Home and Infirmary Alumnae, Baltimore .....	10.00
Garfield Hospital Alumnae .....	50.00
Moses Taylor Hospital Alumnae .....	10.00
Miss A. L. Alline, dues Hospital Economics Course Association .....	11.00
Miss M. Gorter .....	5.00
Miss Emma J. Daly .....	5.00
Through Miss S. F. Palmer, Members of Rochester Alumnae .....	22.50
Orthopedic Hospital Alumnae, Philadelphia .....	10.00
Individual Members Johns Hopkins Alumnae Association through Miss V. Maclellan .....	28.00
Presbyterian Training School Alumnae, Philadelphia .....	100.00
Baltimore City Hospital Alumnae .....	10.00
Hartford Hospital Alumnae .....	84.00
M. W. M., Indiana .....	3.00
Miss Mary Cloud Bean .....	3.00
Mrs. J. D. Goldman .....	5.00
Miss M. C. Packard .....	5.00
Miss Amy P. Miller .....	10.00
Miss Sophie Lazenby .....	3.00
Miss K. Mallalieu .....	3.00
Miss M. McGann .....	3.00
Miss Anna Betteys .....	3.50

Rochester Homœopathic Alumnae .....	25.00
Miss J. E. Wheeler .....	16.00
Individual Members of Orange Alumnae .....	102.00
North Carolina State Nurses' Association .....	25.00
New York State Training School, Prospect Heights, Brooklyn, N. Y. ....	25.00
Philadelphia County Nurses' Association .....	25.00
Good Samaritan Alumnae Association .....	25.00
Mt. Sinai Alumnae Association .....	100.00
Miss Helen Balcom .....	5.00
Alumnae Association Brooklyn Homœopathic Hospital .....	20.00
Miss Hurlburt .....	10.00
Maryland General Alumnae .....	25.00
Miss A. Rykert .....	10.00
Miss Nora K. Holman .....	15.00
Tuberculosis Committee .....	82.00
Kentucky State Association .....	100.00
Graduate Nurses of Dayton and Vicinity .....	8.00

Total Endowment Fund .....\$8978.79

*Contributions to Current Expenses to Date*

Previous Contributions, through Miss A. L. Alline .....	\$ 59.11
New York Hospital Alumnae .....	25.00
New York State Society .....	200.00
Anonymous through I. Lightburn .....	15.25
Mt. Sinai Alumnae Association .....	65.15
Through Miss G. C. Ross:	
Miss S. Mayer .....	\$ 25.00
Miss A. Jammé .....	25.00
Miss H. Wilmer .....	25.00
Miss A. McMahon .....	10.00
Miss A. Friend .....	10.00
Miss M. B. Dixon .....	5.00 100.00
Miss M. E. Stanley .....	10.00
Miss M. Samuel .....	5.00
Miss Grace Dodge .....	100.00
New York Hospital Alumnae .....	25.00
Miss Lottie Bushnell .....	100.00
New York State Nurses' Association .....	150.00
Miss Sarah J. Graham .....	5.00
St. Luke's Hospital Alumnae Association .....	25.00
Miss A. D. Van Kirk, share of stock contributed in 1908 .....	100.00
Tuberculosis Committee .....	70.00
Miss M. Samuel .....	5.00
Miss Grace Dodge .....	100.00
Interest on Investment .....	125.00
Interest on Investment .....	75.00
Interest on Investment .....	125.00
Interest on Investment .....	100.00

Interest on Investment ..... 125.00

Total Current Expenses ..... \$1709.51

*Total Contributions From All Sources*

For Endowment ..... \$8978.79

For Current Expenses ..... 1709.51

\$10688.30

*Total Disbursements*

Investments ..... \$8809.17

Current Expenses (for two years) ..... 1143.62

Balance in Corn Exchange Bank:

Endowment ..... \$169.62

Current Expenses ..... 565.89

Total ..... 735.51

\$10688.30

In addition to this there has been received from A. Carr, \$25.00; A. D. Van Kirk, \$25.00; through Ladies' Aid of Paterson General Hospital, \$25.00; total, \$75.00, to be applied to a special fund for the purchase of books.

(Signed) M. ADELAIDE NUTTING,

Chairman, Special Committee Hospital Economics Funds.

June 3, 1909.

THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting on October 19 and 20, in New York City.

**Rochester.**—THE LEE PRIVATE HOSPITAL ALUMNÆ held the annual meeting at the hospital, Tuesday, June 15, at 3 P.M. The following officers were elected for the ensuing year: president, Laura F. Lewis, R.N.; vice-president, Kathryn Hesley; recording secretary, Alice E. Ehle; corresponding secretary, Bessie R. Hillis; treasurer, Ida Hallett. After the meeting the alumnae entertained the class of 1909 at a luncheon and ride.

**Brooklyn.**—THE ALUMNÆ ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES of the Long Island College Hospital elected officers for the ensuing year as follows: president, Florence E. Thompson, 929 Marcy Avenue; secretary, E. Violetta Toupet, 128 Pacific Street.

NEW JERSEY

**Paterson.**—THE ANNUAL MEETING of St. Joseph's Hospital Training School Alumnae Association was held June 4, 1909, at which the following officers were elected: Isabel Macdonald, president; Mrs. A. Strehl, first vice-president; K. Pinsonneault, second vice-president; and M. A. Dwyer, secretary and treasurer. Board of Trustees, Mrs. H. G. Beid, chairman. After the routine business, a collation was served by Sister Mary Clare, Mother Superior, and a most enjoyable afternoon was spent.

PENNSYLVANIA

**Philadelphia.**—THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL held its annual meeting May 14. The following officers were elected: Adele

Nees, president; Jennie Manly, vice-president; Myrtle Weaver, secretary; Frances Hostetter, treasurer. The retiring president, Margaret A. Dunlop, was heartily congratulated on her appointment as matron and superintendent of nurses of the Pennsylvania Hospital. Miss Dunlop graduated in 1907 and for a time was head nurse of a private patient department of the hospital. Since January, 1900, she has ably and efficiently filled the position of assistant directress of nurses, and as she has seemed a part of the hospital to so many for so long, she will be greatly missed. The alumnae association wish Miss Dunlop success and happiness in her new sphere of labor.

Mrs. L. W. QUINTARD, for a number of years superintendent of the Visiting Nurse Society, 1340 Lombard Street, has resigned her position. She will sail for England August 7, after visiting friends and relations in Canada.

AT A SPECIAL MEETING of the Directors of the Graduate Nurses' Association of Pennsylvania, held at 922 Spruce Street, June 23, 1909, Mary J. Weir, Braddock General Hospital, Braddock, was duly elected treasurer to succeed the late Mr. Wm. R. McNaughton.

EMILY ADA PAYNE, a graduate of the Royal Infirmary, Edinburgh, Scotland, and for the last two years matron and superintendent of nurses of the Pennsylvania Hospital, resigned her position June 1, 1909, and was married on Monday, June 7, to Mr. John Coats Browne, a prominent citizen of Philadelphia. Miss Payne, after her graduation, engaged in private nursing in Paris, France, for a short time, coming to Philadelphia in 1895, when she entered the Pennsylvania Hospital and successively filled the positions of clinic nurse, night superintendent, and assistant superintendent of nurses. In 1901 Miss Payne was appointed superintendent of nurses in a hospital in Columbia, Missouri, and later to a similar position in the Women's and Children's Hospital in San Francisco, California. When a vacancy occurred in the Episcopal Hospital the managers of that hospital invited Miss Payne to return to Philadelphia, where she remained as chief nurse for three years. In 1907 she became matron and superintendent of nurses in the Pennsylvania Hospital. Miss Payne was a most efficient and capable superintendent of nurses, winning the devotion and love of all her pupils to an unusual degree. Her associates extend to her their best wishes for her future happiness.

Scranton.—THE MOSES TAYLOR HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of June 17. The address was given by Dr. David Bovaird, of New York. The diplomas were presented by Mr. Moses Taylor, president of the hospital. There were seven graduates. Following the exercises a reception and dance were given at the nurses' home.

THE FIFTH ANNUAL MEETING of the Moses Taylor Hospital Alumnae Association was held at the nurses' home on the afternoon of June 18. The following officers were elected for the ensuing year: president, Leonore Stalnaker; vice-president, Nettie M. Evans; secretary and treasurer, Amanda M. Davis. Agnes Farrell was elected chairman of the Benefit Fund Committee.

Adrian.—THE ALUMNAE ASSOCIATION OF ADRIAN HOSPITAL NURSES held its semi-annual meeting and banquet at the home of Dr. and Mrs. C. R. Stevenson, June 16. Eighteen members were present. Three new members were received. Officers were elected for the ensuing year. The business having been completed, a sumptuous repast was then enjoyed and appreciated by all. The next meeting of the alumnae association will be held at the Adrian Hospital the first Wednesday in January, 1910.



## VIRGINIA

Norfolk.—THE VIRGINIA STATE ASSOCIATION held its annual meeting in the rooms of the Medical Society of Norfolk on Tuesday and Wednesday, June 16 and 17. The attendance was small, but the interest of those present was very evident and enthusiasm was not lacking. The president, Louise Powell, in her address laid special emphasis on the advantages of the Hospital Economics Course, and urged that those who could not take the full course should get the advantages of the course in dietetics if possible. A very fine paper by Miss Tracy on "A Study of Invalid Occupation in the Training School for Nurses, Adams Nervine, Mass.," was read by Miss Cocke. Miss Eakins, superintendent of St. Christopher's Hospital, Norfolk, read a paper on "The Graduate Nurse on Duty in the Hospital from the Superintendent's Point of View." Miss Mellichamp, a private duty nurse of Norfolk, read a paper on "The Graduate Nurse on Duty in the Hospital from the Nurse's Point of View." This was followed by long and animated discussion. Miss Cocke repeated by request her paper read at the annual meeting in Danville, last year, on "The Obligations of the Registered Nurse." The report of the State Board of Examiners showed a great increase in the number of applicants for examination, and stated that "the June examinations promise to be the largest ever held." It was decided to have the next meeting of the state association in Richmond in January, 1910, hoping by a mid-winter session to have a large attendance. The social features carried out the proverbial hospitality of Norfolk and were a reception at the Monticello Hotel, on Tuesday night, the 15th, an afternoon tea and reception at the Protestant Hospital, and a "Shore Dinner" at the Casino, Cape Henry, where only the proverbial Dutchman who had said his famous grace of "Oh Lord, give me capacity!" could have done justice to the abundance and variety of sea food with which the hostesses provided their guests.

Fredericksburg.—THE MARY WASHINGTON HOSPITAL held its first graduating exercises in the college hall April 20. Three nurses graduated. A reception to the nurses followed the graduating exercises.

Richmond.—SARAH E. ROLLER, class of 1909, Memorial Hospital, has been appointed school nurse at the Infirmary of the Female Normal School, Farmville. Rose Hancock, class of 1906, is superintendent of the Johnston-Willis Sanatorium, a private hospital recently opened in Richmond. Frankie Liggett, class of 1908, and Elsie English are with her as head nurses.

## FLORIDA

Jacksonville.—THE FLORIDA ASSOCIATION OF GRADUATE NURSES effected a permanent organization in May, and all efforts are tending to make state registration an accomplished fact in the near future.

/ THE ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES graduated its sixteenth class on May 6. Addresses were made by Colonel Carter, of the metropolis, and the mayor of Jacksonville. The diplomas were presented by Colonel Cockrell, the president of the Board of Directors, and the medical staff, through Dr. James D. Love, gave to each graduate a piece of jewelry. The Hippocratic Oath was administered by the superintendent of St. Luke's. Music and an informal reception closed the program. There were four graduates. The school has a two and one-half years' course and includes beside the usual branches, contagious diseases, massage, obstetrics, and dietetics. The superintendent is

Mary A. Baker, R.N., New York City Hospital, N. Y.; assistant, Miss Florence Waters, R.N., of the Church Home and Infirmary, Baltimore, Md. The operating room has been for two years in charge of Miss Helen Muller, R.N., St. Joseph's Hospital, Baltimore. The dietitian is Miss Chrissie Hill, a graduate of Pratt Institute, N. Y. This school has been a leaven in the state for many years and is expecting to be housed in new buildings very shortly. It has just secured a commodious nurses' home, an appropriation from the city, a site for its new hospital, and its organization has been radically changed.

#### OHIO

Cleveland.—MISS M. E. ALLEN, graduate of the Toronto General Hospital, was appointed night supervisor of the Lakeside Hospital on July 1.

#### ILLINOIS

Chicago.—WESLEY HOSPITAL graduated seventeen nurses in June. Commencement exercises were held in the new gymnasium at Evanston, with other Northwestern graduates. The hospital has been affiliated with Northwestern Medical School for the last three years. The alumnae gives an annual banquet to each outgoing class. This year the banquet was held at Union League Club, Jackson Boulevard. Wesley graduates are always welcome. A number of Wesley graduates attended the Minneapolis convention. Miss Nicholas was sent as a delegate. Miss Moler and Miss Boyd, who are doing private nursing in Hastings, Nebraska, were among the members present. Marian Belle Nuckles, class of 1907, has left for New York to take a six months' post-graduate course at Polyclinic Hospital.

#### IOWA

Dubuque.—THE SIXTH ANNUAL MEETING of the Iowa State Association of Registered Nurses was held at Dubuque, June 4 and 5, and the following is a brief summary of the business transacted at that time: A standing committee of five was created to act with the National Almshouse Committee. Much enthusiasm was manifested in regard to the Hospital Economics Course, and it was voted to contribute the sum of \$25.00 plus the amount remaining of the \$25.00 donated to the nurses' exhibit at the National Congress on Tuberculosis held at Washington, D. C., last year. It was also suggested that each nurse who wished to do so should contribute one day's wages to this fund, which suggestion was favorably received. Miss Jane Garrad of Davenport, Iowa, was elected as delegate to the National Convention in 1910 with Miss Helen Balcum of Dubuque as alternate. The next annual state meeting will be held at Des Moines, Iowa. At the National Convention which immediately followed the state meeting, Iowa had the largest attendance of any state excepting the hostess state, Minnesota, over sixty Iowa nurses being present. A pledge of \$50.00 was made by the Iowa State Association of Registered Nurses toward the purchasing of the JOURNAL stock.

#### NEBRASKA

Omaha.—THE FIRST ANNUAL COMMENCEMENT EXERCISES of the Wise Memorial Hospital were held at Temple Israel, June 2. There were four graduates. Rabbi Cohn delivered the address. A reception followed in the Vestry room.

## COLORADO

**Colorado Springs.**—THE COLORADO SPRINGS NURSES' REGISTRY ASSOCIATION held its July meeting in Stratton Park. There was a discussion as to the best means of dealing with nurses who refuse to be registered, and it was decided that members shall co-operate with the state secretary in bringing such to justice. Miss Lott gave an interesting report of the Minneapolis meetings.

## WASHINGTON

**Seattle.**—THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION held its fourth annual meeting in Seattle, June 16 and 17. About one hundred visitors and delegates registered at the Woman's Building, Alaska-Yukon-Pacific Exposition. After the addresses of welcome and responses came the president's (Miss M. E. Loomis) address, following which came the presentation of charters to each county association by the president.

**Second Session:** Greetings from California by Genevieve Cooke, of San Francisco; from Oregon by Miss L. G. Richardson, of Portland. Papers: "Hopeful Aspect of Tuberculosis" by Miss H. L. Washington, Spokane, and another on the same subject by Mrs. S. E. Myers, of Walla Walla. A discussion followed, after which by motion of Mrs. Bessie Davies, visiting and instruction nurse, Antituberculosis League, the following resolution was adopted: "Resolved, that we, the members of the Washington State Graduate Nurses' Association, realizing the great need for immediate action in aiding the Antituberculosis League, do ask that pressure be brought to bear upon the Board of Health, City Commissioners, and the Seattle Federation of Woman's Clubs, that a way be found to care for the poor afflicted with tuberculosis." Paper, "Points on State Registration," by Genevieve Cooke, San Francisco, Cal. Election of officers for 1909-1910 followed. Two amendments to the constitution and by-laws were adopted, one to permit of the election of honorary members and the other the appointment of a standing committee on almshouses. Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, was the first honorary member to be elected.

THE NURSES' EXAMINING BOARD met for organization on Friday, June 18, and officers were appointed. The board expects to be ready to register nurses in the beginning of September, 1909.

## CANADA

**Montreal.**—MISS GOODHUE, assistant superintendent of the Royal Victoria Hospital, accompanied by Miss Chandler, graduate of the Royal Victoria Hospital, now of New York, sailed for England on June 16. While there they will attend the International Convention of Nurses in London.

## BIRTHS

A DAUGHTER to Mr. and Mrs. Robert H. Tarr (née Jessie E. Loyd) on June 22.

At Okmulgee, Oklahoma, on May 24, a son to Mr. and Mrs. Taylor. Mrs. Taylor was Frances E. Miller, class of 1905, Mercer Hospital, Trenton, N. J.

**MARRIAGES**

On June 23, Nelle E. Mix, graduate Lakeside School for Nurses, to Dr. W. A. Schlesinger; at home, Cleveland, Ohio.

On May 24, Gertrude Clive, class of 1905, Wesley Hospital, Chicago, to Dr. E. H. Little, of East Louis. Dr. and Mrs. Little have gone abroad for a year.

On June 22, at Detroit, Mich., Ida Radtke, class of 1909, Lutheran Hospital, La Crosse, Wis., to Elmer Weber, D.D.S. Dr. and Mrs. Weber are living in Lake Mills, Wis.

On June 13 Miss McChesney, class of 1903, Wesley Hospital, Chicago, Ill., to Dr. Wm. Magee. Dr. Magee is a Northwestern graduate of the class of 1905. They will make their home at Netertown, South Dakota, where Dr. Magee has been practicing the past year.

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**DEATHS**

MANY of our readers will learn with regret of the death of Miss M. E. Jones, late matron of the General Hospital, Birmingham, England, on June 6.

Mrs. ANNA ELIZA HUBBARD, a widely known nurse during the Civil War, died recently at her home in Chicago, aged eighty-five years. Mrs. Hubbard was appointed a special agent to inspect hospitals, by the New York state government, and served throughout the war.

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## BOOK REVIEWS



IN CHARGE OF  
M. E. CAMERON

**THE INNER SHRINE.** Harper Brothers, New York.

Speculation has waxed rife over the authorship of this tale which is given to the public anonymously. Whoever the author, one cannot but be under obligation to so kind an interpreter of the younger American women of the day. One likes to think that Marion Grimstone lives across the Park, or that perhaps she has gone to France to teach the Marquis de Bienville a new code of honor. Marion Grimstone, who at the first glance displays absolutely no sign of the fine, high character which takes no count of her happiness when she finds out the complications which involve another woman's honor and display the absolutely false standards which her lover has brought along with him from his native country. Then there is the quite different type of Dorothea Pruyn—a type known long ago to Henry James, but one we had almost lost sight of in the throngs of vicious women who have been pushed before us in so much of the recent fiction. One fancies that the author is young, that she has lived in guarded environment which has enabled her to retain sweet and true ideals, although she has seen Parisian life so intimately that she understands far better than the ordinary Anglo Saxon the curious paradoxes of some of its phases. Her men, too, give one the idea of youthful authorship—Carli Wappinger is little more than a name, his best recommendation Dorothea's love for him. Reggie Bradford, fat, foolish, and incontinent, might be the chance acquaintance of a single meeting, and de Bienville has little personality. The older men she is more intimate with, and they appear from her pen very natural.

We are indebted to this unknown author for a very welcome addition to the fiction of to-day. The novel is clean and wholesome. The story holds the reader's interest and awakens his sympathy, and is altogether what one looks for in a novel—entertaining without straining after morbid effects, natural situations, and on the whole satisfactory climaxes.

**THE PROBLEM OF AGE, GROWTH, AND DEATH.** A Study of Cytomorphosis. By Charles S. Minot, LL.D. (Yale, Toronto), D.Sc. (Oxford). G. P. Putnam's Sons, New York and London. The Knickerbocker Press.

Edited by Edward Lee Thorndike, Ph.D., of Columbia University, with the co-operation of Frank Evers Beddard, F.R.S., in Great Britain, is the Science Series, of which each volume treats in a thoroughly scientific manner a different department with reference to the latest advance made in this particular branch of science. Each book is written by a specialist and the editors aim at keeping the public constantly informed of the progress of science, and also making more general the diffusion of such knowledge among general readers.

The present volume, based on lectures given at the Lowell Institute by Charles S. Minot, James Stillman, Professor of Comparative Anatomy in the Harvard Medical School, President of the Boston Society of Natural History, is a study of the problem of life, and more particularly of the end of life, old age and death.

Cytomorphosis or the changes in the cells through their formation, growth, differentiation, degeneration, and disintegration, is going on, from the moment of earliest development throughout life and into and after death. We are shown that from the beginning cells are continually dying to make room for new cells. This is called growth. With growth comes differentiation. With the completion of differentiation comes the increase of protoplasm, a sign of senescence or completion of life—the last stage in the cytomorphic cycle. There is no light thrown on the question how may we delay the inevitable end that lies before us, other than that the more haste we make to reach the zenith of life the sooner shall we find ourselves upon the downward incline, the general advice being to take from each moment of life its fullest measure, not hurrying, not delaying, until we come to death, which if we have lived with integrity we ought to enter on confidently without doubts of the unknown.

Considering the subject, the book is written with great lucidity, scientific terms all carrying their proper significance in plain and easily comprehended language. The education of the public along these lines is sure of being accomplished with such literature within reach through the public libraries, etc., and that such education is needed there can be no question. The ignorance of the average young tradesman is illustrated by H. G. Wells in his "Kipps," who having entered on a fortune of twelve hundred pounds sterling a year bethinks himself of improving his mind. A volume of Kirke's "Human Physiology" falling into his hands, he turned over the leaves until he came upon a striking plate, in which a youth of agreeable profile displayed his interior in an unstinted manner to the startled eye. It was a new view of humanity altogether for Kipps and it arrested his mind. "Chubes," he whispered,

"Chubes!" This anatomized figure made him forget for a space that he was "practically a gentleman" altogether, and he was still surveying its extraordinary complications when another reminder of a world quite outside those spheres of ordered gentility into which his dreams had carried him over night arrived in the person of "Chitterlow."

Kipps in the depths of his ignorance is surrounded by a vast company of his fellows, many of whom regard the science of their own being in exactly the same diffident agony. They are consumed with curiosity but ashamed to manifest the least interest in a subject tabooed by its mysteriousness.

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THE SURGICAL TREATMENT OF THE UMBILICAL CORD.—The same journal states that this subject is considered by J. W. Ballantyne, who says that infection in the new-born through the umbilicus is more common than is realized, and he quotes one of the Berlin physicians, who says that 2 per cent. of infant mortality is referable to infection acquired as above stated. Under the author's supervision six different methods were tried on sixteen infants. The plan which he claims alone fulfils the requirements of modern antisepsis was as follows: The cord was cut off flush with the skin of the umbilicus, and the skin surfaces were joined. With a scalpel a circular incision was made at the junction of the infant's skin with the sheath of the cord. The incision was gradually deepened till the vessels were approached; then by careful dissection the vessels were cleaned from the jelly of the cord and tied separately; next the cord was severed, and finally the edges of the skin were freshened and united with silkworm gut or catgut. Ten minutes were required. No jaundice occurred in the four instances in which this plan was followed. Healing of the stumps was complete by the fourth day and the cicatrix retracted. The good results were evidently due to the removal of all the dead structures and the freshening of the cutaneous surfaces. No putrefaction whatever took place. The author anticipates and replies to certain objections which might be made against the method he commends.

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